

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G433	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/27/2014
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3938 PRANGE AVE LAFAYETTE, IN 47905
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W000000	<p>This visit was for a full recertification and state licensure survey. This visit resulted in an Immediate Jeopardy which was not removed.</p> <p>Survey Dates: August 12, 13, 14, 15, 18, 19, 20, 22, 25, 26 and 27, 2014</p> <p>Facility Number: 000947 AIMS Number: 100244580 Provider Number: 15G433</p> <p>Surveyors: Christine Colon, QIDP-TC Amber Bloss, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/28/14 by Ruth Shackelford, QIDP.</p>	W000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W000102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on interview and record review, the Governing Body failed to meet the Condition of Participation: Governing Body for 3 of 4 sampled clients (clients #2, #3 and #4). The Governing Body neglected to develop and/or implement a system to identify, report, thoroughly investigate, and prevent neglect and/or abuse by not developing and/or implementing systematic policies and protocols to report and investigate injuries of unknown origin, to prevent neglect of client #2's PICA (digesting of non edible objects) behaviors and to prevent abuse in regard to client #3's SIB (Self Injurious Behavior).</p> <p>Findings include:</p> <p>1. Please refer to W122. The governing body failed to meet the Condition of Participation: Client Protections for 1 of 4 sampled clients (client #2). The governing body neglected to implement its written policy and procedures to prevent neglect of client #2 in regard to the client's PICA behavior (ingesting of non-edible items) to prevent potential harm to the client. The governing body</p>	W000102	<p>W102The facility currently has written policy and procedures to identify, report and thoroughly investigate to prevent neglect and/or abuse. All new employees and supervisors are trained on the policy and its full implementation there-of. The facility follows protocol including assessment of client behavioral supports to protect the clients. The facility will develop a PICA protocol to address client #2 behavior of eating non-edibles. The facility will revise the behavior support plan for client #3 to specifically identify SIB behaviors. The facility will implement changes with proactive measures to ensure effective corrective action to protect client #3 from SIB behaviors and client #2 from incidents of PICA. In addition the facility staff will be trained on the new procedures incorporated in the plan designed to protect the client from self-harm. Refer to W104 and W122 for additional strategies to ensure client protection. The facility will continue the implementation of the policy and procedure on mistreatment, neglect or abuse o fa client including to identify, report, thoroughly investigate and prevent neglect and/or abuse.</p>	09/09/2014			

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	<p>neglected to put in place measures to prevent potential harm and/or recurrence in regard to client #2's ingesting of non-edible items. The governing body neglected to specifically address/develop a PICA protocol/risk plan for client #2. The governing body neglected to put in place measures to prevent potential harm and/or recurrence in regard to client #3's SIB. The governing body neglected to specifically address/develop client #3's SIB in his BSP (Behavior Support Plan).</p> <p>2. Please refer to W104. The governing body failed to exercise general policy and operating direction over the facility to ensure thorough investigation of injuries of unknown origin. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented and/or developed written policy and procedures to report incidents of injury of unknown origin, to prevent neglect in regard to client #2's PICA behavior and to prevent abuse in regard to client #3's SIB.</p> <p>9-3-1(a)</p>		<p>The facility will be proactive to address client's behavioral issues through behavior support plans and protocols as needed. The facility staff will be trained on the client support plan prior to implementation to ensure full knowledge of the protocols in place to assist the client. In addition the behavioral support plans and behavioral data will be reviewed by the Program Director monthly to ensure the methodology and protocol presents effective corrective action to protect clients in the future. The Home Manager will review the daily support records/behavioral data of the clients, at least three times weekly to address issues as needing investigation. The Program Director will review daily support records/behavioral data weekly, and to provide effective corrective action to protect clients in the future. The facility will continue to follow the procedure for unknown injury reporting including regulatory documentation.</p> <p>The facility supervisors will be conducting twice daily observations in the residence and once daily at the day program until September 30th, 2014 at which time it will be assessed if compliance has been achieved on a consistent basis. If in fact, compliance has been achieved, observations in residential will move to one time daily and continue one time daily at the day program for a</p>		

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W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on interview and record review for 3 of 4 sampled clients (clients #2, #3 and #4), the facility's governing body failed to exercise general policy and operating direction over the facility to develop a policy and procedure on contacting the administrator immediately, to conduct investigations and to specifically indicate when an internal incident report, of any type, would be filled out. Findings include: A morning observation was conducted at the group home on 8/12/14 from 5:45 A.M. until 7:55 A.M.. Upon entering the</p>	W000104	<p>period of 30 days at which point it will be assessed if consistent compliance has been maintained and it will be determined if daily observations can be moved to 3 times per week on alternating shifts for a period of 30 days for both residential and day program. At the end of 30 days the frequency of observations will be assessed and determined to ensure that consistent and continuous compliance is being maintained. Responsible Staff: Program Director Completion Date: 9-9-14</p> <p>W104 The facility currently maintains policy and procedure on mistreatment, neglect or abuse of a client and the reporting /investigation. All new employees are trained on the policy and the procedure for protecting clients from harm. The facility follows protocol including assessment, review and revision of client behavioral supports to protect the clients. The facility Area Director will train the Program Director on the policy and procedure of reporting unknown injury/allegations of abuse, investigations, documentation of all notification of reportable injuries of clients and reading client daily support</p>	09/09/2014

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	<p>group home, client #4 sat at the dining table and kept rubbing her head stating "My head is killing me, that boy hit me in the head with a baseball." Client #4's forehead appeared to have a bump above her left eyebrow with no discoloration, Each time a staff member walked past, client #4 repeated how her head was hurting, with no staff acknowledging her complaints of pain. At 6:50 A.M., staff #1 was asked if client #4 had been hit in the head by a baseball. Staff answered no. At 7:00 A.M., the Qualified Intellectual Disabilities Professional (QIDP) administered client #4's "Acetaminophen (pain) 325 mg tablets." Review of the MAR dated 8/1/14 to 8/31/14 was conducted at 7:05 A.M. and indicated "Acetaminophen 325 mg tab...take 2 tablets as need for pain." No documentation was submitted for review to indicate this injury of unknown origin was immediately reported to the administrator. No documentation was submitted for review to indicate an investigation was conducted.</p> <p>An evening observation was conducted at the group home on 8/19/14 from 7:00 P.M. until 7:50 P.M.. During the observation client #4 was sitting at the kitchen table. Client #4 had a purple-blue discoloration from above her left eyebrow to her right eyebrow. The</p>		<p>records weekly. The Area Director will train the Home Manager to review daily support records three times weekly then contact the Program Director with reportable or issues needing an investigation. The facility will re-train staff on reporting requirements, calling a supervisor, BDDS reportable incidents and completion guidelines of the immediate investigation of injury/unknown origin form. The facility will train the Day Program Supervisor who will train their staff on the reporting protocol, investigation protocol and sending investigations to the residential provider. In addition the facility will train the Day Program, Home Managers and staff to use the communication book bridging the communication of client daily events to and from residential/day program. The facility will continue to implement the policy and procedure on mistreatment, neglect or abuse of a client and the reporting /calling supervisor/ investigation. The facility will be proactive to address client behavioral issues through behavior support plans as needed including documentation of incident to allow follow up or investigation as needed. The facility staff will continue to be trained on the client support plan prior to implementation to ensure full knowledge of the protocols in place to assist the client,</p>				

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	<p>Area Director (AD) was asked what happened to client #4's forehead. The AD indicated he did not know. The QIDP then stated "Maybe she had a seizure." The reportable incident reports and/or investigations reviewed on 8/12/14 at 1:30 P.M., did not indicate an internal incident report was filled out in regard to the above mentioned injury of unknown origin as no internal incident reports were provided to review. No documentation was submitted for review to indicate an investigation was conducted in regard to this injury of unknown origin.</p> <p>An outside day program observation was conducted on 8/18/14 from 2:14 P.M. until 3:40 P.M.. During the observation client #2 was wearing shorts and had a large (approximately 4" wide by 5" in length) reddened area on the upper left thigh area. On 8/18/14 at 2:25 P.M. during an interview, Day Program DSP #4 stated she "had no idea" why client #2's leg was red. The reportable incident reports and/or investigations did not indicate an internal incident report was filled out in regard to the above mentioned injury of unknown origin as no internal incident reports were provided to review. No documentation was submitted for review to indicate an investigation was conducted.</p>		<p>including intervention of client self injurious and PICA behaviors. The Home Manager will review the daily support records/behavioral data of the clients, at least three times weekly to address issues as needing investigation. The Program Director will review daily support records/behavioral data weekly, and to provide effective corrective action to protect clients in the future. The facility will continue to follow the procedure for unknown injury reporting including regulatory documentation. The facility supervisors will be conducting twice daily observations in the residence and once daily at the day program until September 30th, 2014 at which time it will be assessed if compliance has been achieved on a consistent basis. If in fact, compliance has been achieved, observations in residential will move to one time daily and continue one time daily at the day program for a period of 30 days at which point it will be assessed if consistent compliance has been maintained and it will be determined if daily observations can be moved to 3 times per week on alternating shifts for a period of 30 days for both residential and day program. At the end of 30 days the frequency of observations will be assessed and determined to ensure that consistent and continuous compliance is being</p>	

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	<p>A review of the group home Daily Support Reports (DSRs) was conducted on 8/14/14 at 11:00 P.M.. Review of the records indicated:</p> <p>-DSR dated 7/6/14 for the shift time 5:00 P.M. until 11:00 P.M., involving client #2 indicated: "[Client #2] was gone when staff arrived. She returned around 8:00 P.M.. She was then changed by other staff. When gone with guardian she ate a silica packet and had a large bowel movement." The reportable incident reports and/or investigations did not indicate an internal incident report was filled out in regard to the above mentioned allegation of neglect as no internal incident reports were provided to review. No documentation was submitted for review to indicate an investigation was conducted.</p> <p>-DSR dated 4/9/14 involving client #3 indicated: "[Client #3] was head butting, biting his self (sic)."</p> <p>-DSR dated 4/16/14 involving client #3 indicated: "...he and another housemate began hitting each other. He and she was (sic) separated. He calmed down. Then he went into behaviors hitting his face."</p> <p>-DSR dated 4/16/14 involving client #3</p>		<p>maintained. Responsible Staff: Area Director Completion Date: 9-9-14</p>		

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	<p>indicated: "[Client #3] was having a behavior on the way home. He was banging head and biting and hitting head on window."</p> <p>-DSR dated 4/17/14 involving client #3 indicated: "[Client #3] showered and had a behavior problem after shower due to hitting house mate and staff. Went to mat and was there for a long time. He was hitting and biting, scratch (sic)."</p> <p>-DSR dated 4/19/14 involving client #3 indicated: "[Client #3] hit himself in the face, bit his left wrist."</p> <p>-DSR dated 4/19/14 involving client #3 indicated: "[Client #3] want (sic) to keep hitting hisself (sic) and hitting staff."</p> <p>-DSR dated 4/23/14 involving client #3 indicated: "[Client #3] started throwing chairs and hitting his head in kitchen. [Client #3] was banging head and hitting things."</p> <p>-DSR dated 4/28/14 involving client #3 indicated: "[Client #3] started kicking, hitting and banging his head on window."</p> <p>-DSR dated 6/1/14 involving client #3 indicated: "...Staff took him to his room and tried to calm him down. He hit, kicked, scratched and punched himself</p>			

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	<p>repeatedly."</p> <p>-DSR dated 6/2/14 involving client #3 indicated: "[Client #3] was on mat when staff arrived due to behaviors. [Client #3] has bite mark on left forearm due to self injurious behavior. [Client #3] was spitting, punching self in face."</p> <p>-DSR dated 6/4/14 involving client #3 indicated: "[Client #3] started head banging, scratching staff and pinching. [Client #3] threw helmet off and banged head against bed post."</p> <p>-DSR dated 6/5/14 involving client #3 indicated: "...Staff got him in his seat and continued to bit (sic) and hit himself and staff. He was taken into day services and was brought to mat. Staff took over from there."</p> <p>-DSR dated 6/9/14 involving client #3 indicated: "[Client #3] was upset and repeatedly banged his head against the wall then after returning to his bed he attempted to bang his head then [client #3] was checked on every 15 minutes for 2 hours. He had red mark on forehead."</p> <p>-DSR dated 6/9/14 involving client #3 indicated: "[Client #3] was moved away and started hitting head on wall."</p>			

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	<p>-DSR dated 6/10/14 involving client #3 indicated: "[Client #3] was having a good day until he got to day service. He started to hit the window with his head and hand. He was brought into day service and they took over."</p> <p>-DSR dated 8/4/14 involving client #3 indicated: "[Client #3] slept well all night till 4:45 A.M. at which time he woke up from sofa having a behavior and bit his arm in 2 places and broke skin. I called HM (Home Manager)."</p> <p>-DSR dated 8/11/14 involving client #3 indicated: "[Client #3] was asleep. He got up and dressed and ate breakfast. He went and took his treatment and meds. Then [client #3] became upset and started to back into things and knocked things off counter. Staff took him to the mat. Where he hit and scratched himself and staff."</p> <p>The reportable incident reports and/or investigations did not indicate internal incident reports were filled out in regard to the above mentioned SIB and client to client aggression, as no internal incident reports were provided to review.</p> <p>A review of the outside day program "Health Incident Reports" was conducted at the outside day program on 8/22/14 at</p>			

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	<p>2:20 P.M.. Review of the reports indicated:</p> <p>-Report dated 5/8/14 involving client #2: When changing [client #2] today, I (Staff name) noticed 2 purple-blue bruises on right knee (size of a dollar coin). Did not receive anything from group home if she had fallen (sic)." The reportable incident reports and/or investigations did not indicate an internal incident report was filled out in regard to the above mentioned injury of unknown origin as no internal incident reports were provided to review.</p> <p>-Report dated 8/4/14 involving client #2 indicated: "While changing [client #2] staff noticed a baseball size solid red mark on her left outer thigh." The reportable incident reports and/or investigations did not indicate an internal incident report was filled out in regard to the above mentioned injury of unknown origin as no internal incident reports were provided to review.</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 8/12/14 at 1:30 PM. The facility's reportable incident reports and/or investigations did not indicate an internal incident report was filled out in regard to the above mentioned injuries of unknown</p>			

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	<p>origin as no internal incident reports were provided to review.</p> <p>An interview with Area Director (AD) was conducted on 8/12/14 at 3:29 P.M.. The PD indicated the facility did not have any internal incident reports. The AD stated "All (incidents) are reported to BDDS (Bureau of Developmental Disabilities Services). There are no internal incident reports."</p> <p>The facility's policy and procedures were reviewed on 8/22/14 at 3:40 PM. The facility's April 2011 policy indicated "...Indiana MENTOR follows the BDDS Incident Reporting policy as outlined in the Provider Standards. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS. 1. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported to Adult Protective Services or Child Protective Services as applicable...." The facility's policy also indicated "...1. All incidents that require a report to the Bureau of Developmental Disabilities Services, or internal incident reports will be entered into a database maintained by The Mentor Network...." The facility's April 2011 policy indicated the facility failed to develop a specific</p>			

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W000122	<p>policy and procedure which indicated injuries of unknown source would be immediately reported to the administrator, and/or indicated when the facility would fill out an internal incident report versus a BDDS report.</p> <p>9-3-1(a)</p> <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.</p> <p>Based on record review, observation and interview, the facility failed to meet the Condition of Participation: Client Protections for 1 of 4 sampled clients (client #2). The facility neglected to implement its written policy and procedures to prevent neglect of client #2 in regard to the client's PICA behavior (ingesting of non-edible items) to prevent potential harm to the client. The facility neglected to put in place measures to prevent potential harm and/or recurrence in regard to client #2's ingesting of</p>	W000122	W122: The facility currently has protocols and policies mandated specifically to ensure the protection of clients within the facility. The facility currently mandates that all staff adhere to the policy and procedure on mistreatment, neglect or abuse to protect the clients. The procedures are carried out to prevent reoccurrence of the above. All new employees and supervisors are trained on the policy and the procedure for protecting clients from harm. The facility follows protocol including assessment, review and revision of client behavioral	09/09/2014

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	<p>non-edible items. The facility neglected to specifically address/develop a PICA protocol/risk plan for client #2. This noncompliance resulted in an Immediate Jeopardy in regard to a lack of protective measures to address client #2's PICA. The Immediate Jeopardy was identified on 8/15/14 at 3:52 P.M.. The Regional Director, the Area Director and the Program Director were notified of the Immediate Jeopardy on 8/15/14 at 5:00 PM. The Immediate Jeopardy began on 7/6/14. The facility submitted a plan for removal of the Immediate Jeopardy on 8/18/14 at 1:25 PM. The facility's plan of action/removal indicated the following:</p> <p>"-Supervision has been increased and implemented for client #2. Staff working with the client will receive documented training that is client specific to her needs as well as their responsibilities for line of site (sic) supervision prior to working with the client. The staff will receive client specific training, including client Behavior Support Plan, PICA protocol/reactionary measures, Risk Management Assessment plus medical/dietary protocols, Individual Support Plan, and storage of food and non-food items.</p> <p>-Line of sight supervision for this client</p>		<p>supports/protocols to protect the clients. The facility has developed and trained on a PICA protocol for client #2. The behavior support plan has been revised to explain in detail the targeted behavior of PICA, proactive and reactive measures for client # 2. The residential staff and day program have been trained on the abuse/neglect policy and procedures, PICA protocol, BSP, and RMAP. The staff and supervisors have been trained on the line of sight and usage of the gait belt for client #2. The Program Director has been trained on using proactive measures to prevent reoccurrence of injury or incident for PICA and other incidents. For additional corrections refer to W153, W154, W157. The facility will ensure client protection in the future by addressing client behavioral needs in a current behavior plan including PICA protocol as necessary. The facility will continue to train all staff on the abuse, neglect prevention company policy upon hire. The facility will continue to train all staff on client specific information for each client prior to working with the client. In addition Home Manager will review behavioral data and daily support records M, W and F to follow up on any incidents. The Program Director will review the behavior data, and support plan on a monthly basis to ensure the</p>	

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	<p>will be defined as direct eyesight on the client during non-sleeping hours by one employee. The level of supervision will remain in place until the client's Interdisciplinary Team meets and determines otherwise to ensure the client safety.</p> <p>-A new PICA protocol has been established for staff to follow to provide preventative safe guard measures and reactionary measures for the client.</p> <p>-The home, including client #2's bedroom and common areas, was assessed by the Area Director to ensure the safe storage of food and non-food items.</p> <p>-The guardian of client #2 was contacted and instructed that client #2 cannot stay at her house unsupervised until the guardian is properly trained on the health and safety risks and requirements needed to ensure client #2's safety during visits. The guardian agreed to this and an Interdisciplinary Team meeting is scheduled for Monday, August 18, 2014.</p> <p>-Supervisory Observations will be conducted daily by a supervisor, nurse or quality assurance coordinator until September 5, 2014. Frequency needed supervisory observations will be re-evaluated at this time. Observations</p>		<p>proper protocols are in place to best protect the client from harm. The Program Director will initiate immediate changes to existing client plans as needed. The Area Director will monitor the incident reports and data on a monthly basis to ensure accuracy. The facility supervisors will be conducting twice daily observations in the residence and once daily at the day program until September 30th, 2014 at which time it will be assessed if compliance has been achieved on a consistent basis. If in fact, compliance has been achieved, observations in residential will move to one time daily and continue one time daily at the day program for a period of 30 days at which point it will be assessed if consistent compliance has been maintained and it will be determined if daily observations can be moved to 3 times per week on alternating shifts for a period of 30 days for both residential and day program. At the end of 30 days the frequency of observations will be assessed and determined to ensure that consistent and continuous compliance is being maintained. Responsible Staff: Area Director Completion Date: 9-9-14</p>	

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	<p>are scheduled per observation calendar. The Area Director will review all observations at least weekly for corrective action. The Regional Director will review observations completed by the Area Director. Supervisor observation will include opportunities for ongoing training, support and redirection of direct support staff."</p> <p>The facility's Immediate Jeopardy continued because the facility needed to ensure all staff were trained on client #2's line of sight protocol and to ensure adequate staff were scheduled to work with client #2 and provide line of sight supervision at the group home and outside day program. The facility also needed to continue monitoring/supervising facility staff, over a period of time, to ensure the plan of removal was followed/implemented to supervise client #2's to prevent her PICA behavior, and to reduce the client's potential for harm.</p> <p>An outside day program observation was conducted on 8/18/14 from 2:14 P.M. until 3:40 P.M.. During the observation, staff verbally prompted client #2 to continue her activity as they attended to other tasks. Another client was sitting two tables over to the left with an activity of replicated plastic coins. At 2:35 PM,</p>			

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	<p>the client left the plastic coins unattended scattered on the table as he walked away from the table and was assisted by Direct Support Professional (DSP) #1 to use the restroom. Client #2 did not have line of sight supervision during the observation period.</p> <p>An outside day program observation was conducted on 8/19/14 from 10:45 A.M. until 11:50 A.M.. During the entire observation client #2 did not have line of sight supervision. Day Program DSP #1 heated up all clients' lunches from both sides of the open classroom in the microwave, across the room, with his back turned to client #2. Day Program DSP #2 assisted client with their lunches and escorting clients to the bathroom.</p> <p>A group home observation was conducted on 8/19/14 from 7:50 P.M. until 8:40 P.M.. During the observation client #2 had assigned staff who sat next to her the entire observation.</p> <p>A group home observation was conducted on 8/20/14 from 9:00 P.M. until 9:55 P.M.. From 9:00 P.M. until the Area Director arrived at the group home at 9:25 P.M., client #2 sat in a chair located in the living room as her assigned staff assisted client #6 in the kitchen with her back turned. The other two</p>						

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	<p>scheduled staff were in client #7's bedroom administering medications. There were only 3 scheduled staff beginning at 9:00 P.M..</p> <p>An outside day program observation was conducted on 8/22/14 from 1:00 P.M. until 2:10 P.M.. During the entire observation client #2 did not have line of sight supervision. Day Program DSP #1 assisted with toileting clients and Day Program #4 baked cake pops.</p> <p>A confidential interview (CI) #1 was conducted. CI #1 indicated the facility's Qualified Intellectual Disabilities Professional (QIDP) dropped off a copy of client #2's PICA protocol on 8/18/14, asked to have staff read it and sign it and indicated she would be back. The QIDP returned later and retrieved the signed PICA protocol. CI #1 indicated there was no training on the PICA protocol and line of sight supervision. When asked what the supervision level was for client #2 while at the day program, CI #1 indicated the ratio in the classroom is 8 clients to 1 staff and further indicated the facility did not ask for line of sight supervision staffing.</p> <p>The facility's 8/15/14 and 8/16/14 training/inservice records were reviewed on 8/18/14 at 2:17 P.M.. The facility's</p>			

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	<p>signature inservice "[Client #2]'s Client Specific Training" effective 8/15/14 training sheet indicated 13 staff had been trained.</p> <p>Client #2's record was reviewed on 8/22/14 at 2:00 P.M.. Client #2's-"Behavioral Support Plan" Revision date 6/2/14 indicated..."[Client #2] is non verbal and has difficulty communicating her wants and needs. Due to her history of PICA and eating unauthorized foods, staff should ensure her health and wellness by making sure all objects and unauthorized food that could be ingested by [client #2] is (sic) out of her reach."</p> <p>Review of client #2's BSP indicated the facility neglected to revise/review and/or address client #2's BSP in regard to PICA and/or clearly define client #2's PICA behavior. The BSP neglected to include any more strategies and/or interventions in regard to client #2's PICA behavior of ingesting inedible objects. The facility had not yet revised client #2's BSP in regard to her PICA.</p> <p>The Immediate Jeopardy was not removed.</p> <p>Findings include:</p>			

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	<p>1. Please refer to W149: The facility neglected to implement written policy and procedures to prevent neglect of a client who had a history of PICA (eating of non-edible items). The facility neglected to put in place measures to prevent potential harm and/or recurrence in regard to client #2's ingesting of non-edible items. The facility neglected to specifically address/develop a PICA protocol/risk plan for client #2. The facility neglected to ensure client #2's behavior plan was revised to specifically define client #2's PICA behavior. The facility neglected to follow client #2's "Constipation Protocol" to ensure recurrence of bowel impaction did not occur. The facility neglected to ensure all staff and her family members were trained in regard to client #2's behavior of PICA and neglected to ensure facility staff and family members utilized safeguards to prevent client #2's PICA behavior. The facility neglected to provide sufficient staffing at the group home to supervise client #2 in regards to the client's falls and PICA behavior.</p> <p>2. Please refer to W153: The facility neglected for 2 of 4 sampled clients (clients #2 and #4), to report injuries of unknown origin immediately to the administrator and to the Bureau of Developmental Disabilities Services</p>						

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	<p>(BDDS) in accordance with state law.</p> <p>3. Please refer to W154: The facility neglected for 3 of 4 sampled clients and 1 additional client (clients #2, #3, #4 and #5), to provide written evidence investigations were conducted.</p> <p>4. Please refer to W157: The facility neglected to take sufficient/effective corrective measures in regard to preventing/addressing a pattern of client #2's PICA (eating of non edible objects) and client #3's SIB (Self Injurious Behavior).</p> <p>9-3-2(a)</p>			

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W000140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based upon record review and interview, the facility failed to maintain an accurate accounting system for 1 of 4 sampled clients (client #2), for whom the facility managed their personal funds accounts.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's administrative office on 8/12/14 at 1:30 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) report dated 3/18/14...Date of knowledge: 3/24/14...Submitted Date: 3/24/14 indicated: "QIDP (Qualified Intellectual Disabilities Professional) received a letter</p>	W000140	<p>W140: The facility currently has systems and policies in place to ensure accurate accounting of client financial records. The facility currently trains all employees and supervisors on client finance management policy and procedures to ensure client finances are safe and accurate as recorded. The Home Manager has been trained to ensure sufficient funds are available for the client prior to usage of the client funds. The Home Manager was trained to monitor staff spending with the checkbooks of client's on a daily basis. The staff have been trained to ensure that sufficient funds are available prior to usage of the client funds. In the future, the facility Home Manager will monitor the client finances weekly</p>	09/09/2014

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W000149	<p>from the bank, dated 3/18/14, that indicated that [client #2]'s checking account had been overdrawn. The staff had taken her out shopping and did not verify the balance in her account before going."</p> <p>An interview with the Area Director (AD) was conducted on 8/18/14 at 4:00 P.M.. The AD indicated the facility managed clients #2's finances and further indicated the facility was to keep an accurate account of her finances at all times. The AD indicated the facility reimbursed client #2 for the over draft fee.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review, observation and</p>	W000149	<p>to ensure client accounting balances are accurate. The Program Director will balance the checkbooks monthly to ensure they are accurate according to bank records.</p> <p>The facility supervisors will be conducting twice daily observations in the residence and once daily at the day program until September 30th, 2014 at which time it will be assessed if compliance has been achieved on a consistent basis. If in fact, compliance has been achieved, observations in residential will move to one time daily and continue one time daily at the day program for a period of 30 days at which point it will be assessed if consistent compliance has been maintained and it will be determined if daily observations can be moved to 3 times per week on alternating shifts for a period of 30 days for both residential and day program. At the end of 30 days the frequency of observations will be assessed and determined to ensure that consistent and continuous compliance is being maintained.</p> <p>Responsible Party: Area Director Completion Date: 9/9/14</p> <p>W149:The facility currently has a written policy and procedure on mistreatment, neglect or abuse of</p>	09/09/2014	

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	<p>interview for 1 of 4 sampled clients (client #2), the facility neglected to implement written policy and procedures to prevent neglect of a client who had a history of PICA (eating of non-edible items). The facility neglected to put in place measures to prevent potential harm and/or recurrence in regard to client #2's ingesting of non-edible items. The facility neglected to specifically address/develop a PICA protocol/risk plan for client #2. The facility neglected to ensure client #2's behavior plan was revised to specifically define and/or address client #2's eating of non-edible objects. The facility neglected to follow client #2's "Constipation Protocol" to ensure recurrence of bowel impaction did not occur. The facility neglected to ensure all staff and her family members were trained in regard to client #2's behavior of PICA and neglected to ensure facility staff and family members utilized safeguards to prevent client #2's PICA behavior. The facility neglected to provide sufficient staffing at the group home to supervise client #2 in regards to the client's falls and PICA behavior.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (client #3), the facility neglected to implement written policy and procedure to prevent neglect of a client from Self</p>		<p>a client, reporting, investigation and prevention of reoccurrence. All new employees are trained on the policy and the procedure for reporting injury of the clients to the proper authorities within and outside the agency. The facility follows a protocol including assessment of client behavioral support plans, program goals and individual support plan to ensure the client needs and protection is met. The facility will train the staff/Home Manager, Program Director and Day Program Supervisor on the abuse/neglect policy including documentation, reporting unknown origin injuries and investigation. The Home Manager and Program Director will be trained on BDDS incident reporting/investigation protocols, documentation of incidents while on call, plus follow through to ensure corrective/protective measures are put in place to prevent reoccurrence of neglect incidents. A new PICA protocol has been created along with revision of the behavior plan and Risk Management Plan for client #2 that addresses in detail the PICA behavior plus environmental safeguards. The staff plus day program staff have been trained additionally on the line of sight supervision, constipation protocol/bowel movement tracking, and gait belt protocol. The guardian has been trained on client #2 PICA protocol and ISP addendum for use of gait</p>	

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	<p>Injurious Behavior (SIB). The facility neglected to put in place measures to prevent self harm and/or recurrence in regard to client #3's SIB of head banging and biting himself. The facility neglected to specifically address client #3's behaviors of head banging, biting of self and throwing himself from his wheelchair.</p> <p>Based on observation, record review, and interview, the facility neglected to prevent recurrence of skin infection for a client with a history of skin infections for 1 of 4 sampled clients (Client #3).</p> <p>Findings include:</p> <p>1. A review of the facility's records was conducted at the facility's administrative office on 8/12/14 at 1:30 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) report dated 3/16/14 indicated:</p> <p>"[Client #2]'s mother had taken her home from about 1:00 P.M. to 8:15 P.M.. When she brought [client #2] back to the group home, she reported that earlier in the day [client #2] had 'pooped out' a plastic trash can liner. She laughed about it and thought it was funny so she didn't take her to be seen by anyone. The HM (Home Manager) on call took [client #2]</p>		<p>belt. The Home Manager and Program Director have been trained on the requirement to schedule and meet as a team after an incident of PICA to address incident/plan development for the future prevention of PICA incident.</p> <p>The behavior plan has been revised for Client #3 to include identification of specific targeted behaviors of head banging, biting self, and throwing himself from the wheelchair. The Facility Nurse has developed and implemented a skin integrity protocol to prevent reoccurrence of the infected wounds on client #2's hands/body. The staff and Day Program has been retrained on behavioral support plan and protocols to ensure full measures are being employed to protect the client from self injurious behaviors and ensure skin integrity. The Facility Nurse has consulted with the pharmacy to clarify the doctor's orders on the MAR to define the use and origin of the body for application of each prescribed skin treatment. The Facility Nurse has been trained on the future requirement of implementation of skin integrity protocol to prevent reoccurrence of infected wounds for clients.</p> <p>The Home Manager, Program Director and Nurse have received additional training on the format of the Home Manager review of</p>	

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	<p>to the Emergency Room (ER) to make sure she had cleared everything from her system. The hospital drew blood and did a CAT scan (computed tomography/X-ray) and didn't find anything else foreign in her system. They diagnosed her with a UTI (Urinary Tract Infection) and sent her home. Plan to Resolve (Immediate and Long Term): All trash cans were removed from [client #2]'s bedroom (the only place she would be without constant staff supervision). PICA is a targeted behavior addressed in her behavior plan so staff will continue to implement the behavior plan as written." The BDDS report indicated the facility neglected to conduct an investigation in regard to client #2's PICA incident. The BDDS report indicated client #2's IDT (Inter Disciplinary Team) neglected to meet and discuss the 3/16/14 incident. The BDDS report indicated the facility neglected to specifically develop a PICA protocol/risk plan to address client #2's ingestion of the trash can liner. Review of the BDDS report indicated the facility neglected to review/revise client #2's BSP to specifically define and/or address her PICA behavior. The report indicated the facility neglected to assess the environment/bedroom for other potential choking items. The report indicated the facility neglected to put any preventative measures in place, and/or discuss/train</p>		<p>client MARs daily to check for bowel movement tracking/ protocol implementation, ensuring medical documentation of incidents are specific of treatment for a specific incident date and type in the client files. The supervision of the client #2 to line of sight has and will in the future remain in place at Day Program and in the home until future review and consensus of the team to change. On at least three business days weekly, the Home Manager will monitor the staff, MARs, documentation logs, behavioral data, and daily support records to ensure that incidents that occur are addressed and reported to ensure the client's basic needs are being met in full. The nurse will monitor the MARs weekly to ensure the client medical needs of the clients are being carried out and charted including skin integrity. The facility will continue to train all employees to follow the reporting guidelines of behavior plans as written and initiation of behavioral intervention techniques, charting of known and unknown injuries, calling supervisors per protocol as trained. The facility supervisors will be conducting twice daily observations in the residence and once daily at the day program until September 30th, 2014 at which time it will be assessed if compliance has been achieved on a consistent basis. If in fact, compliance has been achieved,</p>	

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	<p>client #2's family on environmental hazards and safety protocol to prevent client #2 from ingesting non-edible items while visiting at her family's home.</p> <p>A review of the group home Daily Service Reports (DSRs) was conducted on 8/14/14 at 11:00 P.M.. Review of the records indicated:</p> <p>-DSR dated 7/6/14 for the shift time 5:00 P.M. until 11:00 P.M., involving client #2 indicated: "[Client #2] was gone when staff arrived. She returned around 8:00 P.M.. She was then changed by other staff. When gone with guardian she ate a silica packet and had a large bowel movement." The record indicated the facility neglected to immediately report the incident to the administrator and/or other state officials. The record indicated the facility neglected to seek medical attention and/or indicate if the facility nurse was notified, assessed the client, and/or monitored the client for bowel impaction. The record indicated the facility neglected to call and/or document if poison control was called in regard to the ingestion of the silica packet. The record indicated the facility neglected to conduct an investigation in regard to this incident.</p> <p>A review of client #2's record was</p>		<p>observations in residential will move to one time daily and continue one time daily at the day program for a period of 30 days at which point it will be assessed if consistent compliance has been maintained and it will be determined if daily observations can be moved to 3 times per week on alternating shifts for a period of 30 days for both residential and day program. At the end of 30 days the frequency of observations will be assessed and determined to ensure that consistent and continuous compliance is being maintained. Person responsible: Area Director Completion Date: 9/9/14</p>				

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	<p>conducted at the facility's administrative office on 8/15/14 at 12:55 P.M.. Review of client #2's records indicated the following:</p> <p>-"[Facility name] Appointment List...Name: [Client #2] date 3/16/14... [Hospital name]...Reason for visit: BM (bowel movement) plastic bag vomiting...Results: No evidence of obstruction, large amount of ingested material in stomach d/t (due to) FB (foreign body), bladder infection, RX (prescribed) mag (magnesium) citrate." Client #2's record neglected to indicate if the "large amount of ingested material in stomach" was inedible or edible objects.</p> <p>-"[Facility Name] Medical Appointment Form' dated 7/14/14...Reason for visit: Swolled (sic) forein (sic) piece of shoe. Provider Recommendations/Results: Monitor for changes in behavior and appetite/intake. Please contact neurology for re-check. Referral to dermatology for skin problems on hand. Follow up 3 months or sooner if needed." The client's record neglected to indicate if the ingestion of the silica packet incident on 7/6/14 and this incident of the swallowing of a foreign piece of shoe was a separate or the same incident.</p> <p>-""Group Home Quarterly Nutrition</p>			

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	<p>Assessment' dated 8/8/14 [Client #2]...Aspiration Protocol, Dysphasia Dining Plan...Pureed Diet...7/14/14 swallowed a foreign piece of shoe."</p> <p>-"Aspiration Protocol" last dated review 10/30/12 indicated..."[Client #2] choked needing Heimlich 9/05 and 10/07. No pneumonia noted. Eats rapidly and often stuffs mouth. Choked again 12/08. ER (Emergency Room) recommended changing to pureed diet...Thickened fluids, consistency: May have regular thin liquids but use volume control cup...Food texture: pureed...Other: No straws. Offer a small spoon to limit the size of bite."</p> <p>-"Behavioral Support Plan" Revision date 6/2/14 indicated..."[Client #2] is non verbal and has difficulty communicating her wants and needs. Due to her history of PICA and eating unauthorized foods, staff should ensure her health and wellness by making sure all objects and unauthorized food that could be ingested by [client #2] is (sic) out of her reach." Review of client #2's BSP indicated the facility neglected to revise/review and/or address client #2's BSP in regard to PICA and/or clearly define client #2's PICA behavior. The BSP neglected to include any more strategies and/or interventions in regard to client #2's PICA behavior of</p>			

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	<p>ingesting inedible objects.</p> <p>-'"Dysphasia/Dining Plan' last dated review 10/30/13...[Client #2]...Food Texture: Pureed to a smooth pudding consistency...Fluid Texture: Thin liquids...Use volume control cup...Snacks: Pureed."</p> <p>A review of client #2's "Constipation Protocol" last dated review 10/30/13 indicated: "[Client #2] is incontinent of bowel. She wears depends (undergarment). When [client #2] does evacuate it is generally large/XL (extra large) and very thick. Home: Document BM? Yes. If yes, where? MAR (Medication Administration Record). If document BM's, how? Observed...During Depends change. Interventions: 1. PRN (as needed) bowel medications: Instructions: Offer prune juice if no BM in 2 days. After 3 days use Milk of Magnesia from house PRN list 30 ccs at bedtime. After following PRN order, if no stool by the end of the 6th day call supervisor. If person has had no or only small stool in 6 days call supervisor...."</p> <p>A review of client #2's MARs for the months of 5/1/14 to 8/31/14 indicated:</p> <p>-Client #2's MAR dated 5/1/14 to 5/31/14</p>			

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	<p>indicated: No documented bowel movement on 5/6, 5/7, 5/8, 5/9, 5/10, 5/11, 5/13, small bowel movement on 5/14, 5/15, 5/16, small bowel movement on 5/17, no bowel movement on 5/19, 5/20, 5/22, 5/23, 5/24, 5/25, 5/26, 5/27, 5/28, 5/30 and 5/31. Review of the record neglected to indicate client #2 was administered Milk of Magnesia the entire month. There was no documentation to indicate the supervisor was contacted as directed in her "Constipation Protocol" dated 10/30/13.</p> <p>-Client #2's MAR dated 6/1/14 to 6/30/14 indicated: no documented bowel movement on 6/2, 6/3, 6/4, small bowel movement on 6/6, no documented bowel movement on 6/7, 6/8, 6/9, 6/10, 6/11, 6/12, 6/13, 6/14, 6/16, 6/17, 6/18, 6/19, 6/20, 6/21, 6/22, 6/23, 6/24, 6/25, 6/26, 6/27, 6/28, 6/29 and 6/30. Review of the record neglected to indicate client #2 was administered Milk of Magnesia the entire month. There was no documentation to indicate the supervisor was contacted as directed in her "Constipation Protocol" dated 10/30/13.</p> <p>-Client #2's MAR dated 7/1/14 to 7/31/14 indicated: no documented bowel movement on 7/1, 7/2, 7/3, 7/4, 7/8, 7/9, small bowel movement on 7/10, 7/11, no documented bowel movement on 7/15,</p>			

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	<p>7/16, small bowel movement on 7/19, no documented bowel movement on 7/20, small bowel movement on 7/21, no bowel movement on 7/22, 7/26, small bowel movement on 7/27, no bowel movement on 7/28 and small bowel movement on 7/29. Review of the record neglected to indicate client #2 was administered Milk of Magnesia the entire month. There was no documentation to indicate the supervisor was contacted as directed in her "Constipation Protocol" dated 10/30/13.</p> <p>-Client #2's MAR dated 8/1/14 to 8/31/14 indicated: small bowel movement documented on 8/1, no documented bowel movement on 8/2, 8/3, 8/4, 8/7, small bowel movement on 8/8, no documented bowel movement on 8/12, 8/13 and a small bowel movement documented on 8/14. Review of the record neglected to indicate client #2 was administered Milk of Magnesia the entire month. There was no documentation to indicate the supervisor was contacted as directed in her "Constipation Protocol" dated 10/30/13.</p> <p>A review of client #2's Physical Therapy (PT) evaluation dated 8/26/13 indicated: "...I also gave [Staff name] a copy of gait belt prescription. In order to decrease fall risk, it is recommended that pt (patient)</p>						

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	<p>have close supervision when transferring and walking."</p> <p>A review of the facility's staff training records for all staff who worked at the group home and the outside day program with client #2 was conducted at the facility's administrative office on 8/13/14 at 12:30 P.M.. Review of the record indicated the facility neglected to ensure all staff who were scheduled to work with client #2 were specifically trained on client #2's PICA behavior to prevent potential harm.</p> <p>A morning observation was conducted at the group home on 8/12/14 from 5:45 A.M. until 7:55 A.M.. From 5:45 A.M. until 7:30 A.M., client #2 repeatedly walked back and forth from the living room to the dining room area and then down the hallway to her bedroom with no staff supervision or interaction. Client #2 did not have on a gait belt. Direct Support Professional (DSP) #1 was assisting client #6 with showering and dressing in his bedroom and DSP #2 was assisting client #7 with showering and dressing in his bedroom. At 6:50 A.M., DSP #3 arrived at the group home for her scheduled shift, entered the kitchen and began preparing breakfast. Client #2 was not supervised by staff from 5:45 A.M. until she sat at the dining table for</p>			

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	<p>breakfast at 7:30 A.M.. Upon entering the group home at 5:45 A.M., a board located in the kitchen indicated: "[Client #1] 1 to 1 (assigned supervision) [DSP #3]... [Client #3] 1 to 1 [DSP #1]."</p> <p>A review of the group home staff schedules dated 4/27/14 to 8/16/14 was reviewed on 8/12/14 at 3:00 P.M. and indicated:</p> <p>-Staffing Schedule dated 4/27/14 to 5/10/14 indicated 3 scheduled staff for the morning awake shift (6:00 A.M. to 3:00 P.M.), 3 scheduled staff for the evening awake shift (3:00 P.M. to 10:00 P.M.) and 2 scheduled staff for the overnight asleep shift 10:00 P.M. to 6:00 A.M.).</p> <p>-Staffing Schedule dated 5/25/14 to 6/7/14 indicated 3 scheduled staff for the morning awake shift, 3 scheduled staff for the evening awake shift and 2 scheduled staff for the overnight asleep shift.</p> <p>-Staffing Schedule dated 6/8/14 to 6/21/14 indicated 3 scheduled staff for the morning awake shift, 3 scheduled staff for the evening awake shift and 2 scheduled staff for the overnight asleep shift.</p>			

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	<p>-Staffing Schedule dated 6/22/14 to 7/5/14 indicated 3 scheduled staff for the morning awake shift, 3 scheduled staff for the evening awake shift and 2 scheduled staff for the overnight asleep shift.</p> <p>-Staffing Schedule dated 7/6/14 to 7/19/14 indicated 3 scheduled staff for the morning awake shift, 3 scheduled staff for the evening awake shift and 2 scheduled staff for the overnight asleep shift.</p> <p>-Staffing Schedule dated 7/20/14 to 8/2/14 indicated 3 scheduled staff for the morning awake shift, 3 scheduled staff for the evening awake shift and 2 scheduled staff for the overnight asleep shift.</p> <p>-Staffing Schedule dated 8/3/14 to 8/16/14 indicated 3 scheduled staff for the morning awake shift, 3 scheduled staff for the evening awake shift and 2 scheduled staff for the overnight asleep shift.</p> <p>The staff schedules dated 4/27/14 to 8/16/14 indicated the facility neglected to ensure sufficient staff were scheduled at the group home to provide eye sight supervision of client #2 at all times.</p>			

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	<p>An interview with DSP #1 was conducted on 8/12/14 at 7:00 A.M.. When asked what the notation on the board indicated, DSP #1 stated "[Client #1] is on 1 to 1 staffing because of her falls and seizures. [Client #3] is on 1 to 1 staffing because of his self injurious behaviors." When asked what 1 to 1 staffing meant, DSP #1 stated "Staff are assigned to be within arms length of the assigned client at all times."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/12/14 at 2:50 P.M.. The QIDP indicated clients #1 and #3 were on 1 to 1 staff supervision. The QIDP indicated staff are to be close to clients #1 and #3 during their assigned staff coverage. The QIDP indicated staff are assigned daily and for each shift to each client requiring 1 to 1 coverage. The QIDP further indicated client #1 was assigned 1 to 1 staff supervision because of her medical needs due to seizures and falls and client #3 was assigned 1 to 1 staff supervision due to his self injurious behaviors of head banging and biting himself. When asked how client #2 should be supervised, the QIDP indicated she is to be in eye sight of staff at all times due to her history of falling and PICA. When asked what eye sight supervision was, the QIDP indicated staff</p>			

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	<p>should "see" client #2 at all times.</p> <p>An interview with the facility's Registered Nurse (RN) and Program Director (PD) was conducted at the facility's administrative office on 8/15/14 at 12:10 P.M.. The RN indicated client #2 had a behavior of PICA. The RN indicated client #2 had a history of bowel obstruction and further indicated staff should document on her MAR daily if she did/did not have a bowel movement. The RN indicated staff should check for the size of bowel movement and for foreign objects and document on her MAR. The RN indicated staff should follow client #2's "Constipation Protocol" as directed. The RN indicated the facility had not developed a PICA protocol/risk plan to specifically address client #2's PICA behavior. The RN stated client #2 should be in "eye sight" of staff at all times due to her PICA and fall risk. The PD indicated there was no written documentation available for review to indicate all staff at the group home and outside day program were specifically trained on PICA behavior. The PD indicated there was no written documentation to indicate client #2's IDT met to address the documented incidents of ingesting the trash can liner and silica packet on 3/16/14 and 7/6/14. The PD indicated no preventative measures were</p>			
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	<p>put in place to protect client #2 from potential harm in regard to her ingesting non-edible items. The PD indicated client #2's BSP did not specifically address client #2's behavior of PICA to prevent her from potential harm. The PD indicated the facility did not meet or communicate with client #2's mother in regard to the incidents of client #2 swallowing of non-edible items. The PD indicated the facility had not trained client #2's family on her behavior of PICA to prevent her from potential harm while visiting with her family.</p> <p>2. A morning observation was conducted at the group home on 8/12/14 from 5:45 A.M. until 7:55 A.M.. During the observation period client #3 was observed to have bandages on both his right and left arms.</p> <p>An interview with DSP #1 was conducted on 8/12/14 at 7:25 A.M.. DSP #1 indicated client #3 had surgery due to the client biting his arm and it getting infected.</p> <p>A review of the facility's records was conducted at the facility's administrative office on 8/12/14 at 1:30 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports indicated:</p>			

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	<p>-BDDS report dated 4/9/14 involving client #3 indicated: "An allegation was made that while [client #3] was having a behavior at day services, that staff was not using approved PIA (crisis intervention) techniques as trained. The alleged staff was immediately suspended pending investigation. [Client #3] was counseled and is doing fine." No written documentation was submitted for review to indicate an investigation was conducted in regards to this incident.</p> <p>A review of the group home Daily Service Reports (DSRs) was conducted on 8/14/14 at 11:00 P.M.. Review of the records indicated:</p> <p>-DSR dated 4/9/14 involving client #3 indicated: "[Client #3] was head butting, biting his self (sic)."</p> <p>-DSR dated 4/16/14 involving client #3 indicated: "...he and another housemate began hitting each other. He and she was (sic) separated. He calmed down. Then he went into behaviors hitting his face."</p> <p>-DSR dated 4/16/14 involving client #3 indicated: "[Client #3] was having a behavior on the way home. He was banging head and biting and hitting head on window."</p>			

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	<p>-DSR dated 4/17/14 involving client #3 indicated: "[Client #3] showered and had a behavior problem after shower due to hitting house mate and staff. Went to mat and was there for a long time. He was hitting and biting, scratch (sic)."</p> <p>-DSR dated 4/19/14 involving client #3 indicated: "[Client #3] hit himself in the face, bit his left wrist."</p> <p>-DSR dated 4/19/14 involving client #3 indicated: "[Client #3] want (sic) to keep hitting hisself (sic) and hitting staff."</p> <p>-DSR dated 4/23/14 involving client #3 indicated: "[Client #3] started throwing chairs and hitting his head in kitchen. [Client #3] was banging head and hitting things."</p> <p>-DSR dated 4/28/14 involving client #3 indicated: "[Client #3] started kicking, hitting and banging his head on window."</p> <p>-DSR dated 6/1/14 involving client #3 indicated: "...Staff took him to his room and tried to calm him down. He hit, kicked, scratched and punched himself repeatedly."</p> <p>-DSR dated 6/2/14 involving client #3 indicated: "[Client #3] was on mat when</p>			

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	<p>staff arrived due to behaviors. [Client #3] has bite mark on left forearm due to self injurious behavior. [Client #3] was spitting, punching self in face."</p> <p>-DSR dated 6/4/14 involving client #3 indicated: "[Client #3] started head banging, scratching staff and pinching. [Client #3] threw helmet off and banged head against bed post."</p> <p>-DSR dated 6/5/14 involving client #3 indicated: "...Staff got him in his seat and continued to bit (sic) and hit himself and staff. He was taken into day services and was brought to mat. Staff took over from there."</p> <p>-DSR dated 6/9/14 involving client #3 indicated: "[Client #3] was upset and repeatedly banged his head against the wall then after returning to his bed he attempted to bang his head then [client #3] was checked on every 15 minutes for 2 hours. He had red mark on forehead."</p> <p>-DSR dated 6/9/14 involving client #3 indicated: "[Client #3] was moved away and started hitting head on wall."</p> <p>-DSR dated 6/10/14 involving client #3 indicated: "[Client #3] was having a good day until he got to day service. He started to hit the window with his head</p>			

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	<p>and hand. He was brought into day service and they took over."</p> <p>A review of client #3's record was conducted on 8/18/14 at 2:48 P.M.. A review of client #3's Behavioral Support Plan (BSP) dated 7/31/14 indicated: "[Client #3]'s aggressive outburst include property destruction, profanity, screaming and physical aggression. Self-injurious behavior often occurs during periods of aggressive outburst but will often happen as a single incident." Review of client #3's BSP indicated the facility failed to revise/review and/or address client #3's BSP in regard to SIB and/or clearly define client #3's SIB behavior. The BSP failed to include any more strategies and/or interventions in regard to client #3's SIB.</p> <p>An interview with the Area Director (AD) and the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/13/14 at 3:30 P.M.. The AD and QIDP indicated client #3's BSP did not clearly define/address client #3's SIB behavior because client #3's behaviorist did not want to have "too many targeted behaviors" listed in client #3's BSP.</p> <p>3. On 8/12/14 between 4:20 PM and 5:30 PM group home observations were conducted. At 5:11 PM, Direct Support</p>						

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	<p>Professional (DSP) #10 was at the medication counter. Review of MAR (medication administration record) dated 8/14 for Client #3 indicated not all the skin treatments prescribed for Client #3 were in the home. The following treatments listed on Client #3's MAR were not available in the home: Hydrocortisone 0.5% Cream PRN (given as needed), Mupirocin 2% Ointment PRN, and Elidel 1% Cream PRN. During an interview at 5:22 PM, DSP #10 indicated there was no skin care plan for Client #3. When asked how staff knew which skin treatment to use for which skin condition and location, DSP #10 stated staff "just knew" what the various skin treatments were used to treat.</p> <p>On 8/12/14 at 1:20 PM, the facility BDDS (Bureau of Developmental Disabilities Services) from 9/1/13 to 8/12/14 were reviewed. A BDDS report dated 9/30/13 indicated "staff noticed a red swollen area on [Client #3]'s arm. They contacted the on call supervisor who came over and looked at it and decided to take [Client #3] to urgent care. While there, the doctor drained the area and diagnosed [Client #3] with Cellulitis (bacterial infection of the skin which causes redness, swelling and pain). He prescribed antibiotics and said to return if</p>						

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	<p>his condition worsened." The report indicated "staff were advised to continue to monitor [Client #3]'s health."</p> <p>A BDDS report dated 7/14/14 indicated "staff notified the on-call supervisor that [Client #3]'s hand was swollen and should be evaluated. [Client #3] was transported to the emergency room and after visiting the doctor, [Client #3] was admitted for continued observation."</p> <p>On 8/13/14 at 1:12 PM, record review indicated Client #3's diagnoses included, but were not limited to, profound intellectual disabilities, atopic eczema (causes recurring irritated and itchy skin), dry skin, and allergies of shell nuts, shellfish, soap, mushrooms, tomatoes, and eggs.</p> <p>Record review indicated Client #3's physician orders dated 8/01/14 through 8/31/14 indicated the following prescribed topical treatments:</p> <p>1) Mupirocin 2% Ointment - instructions to "apply a small amount topically to the affected area three time daily - 8AM-4PM-9PM - for open head wounds from head banging."</p> <p>2) Minerin Cream - instructions to "use once to twice daily - AM, PM."</p>			

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	<p>3) Urea 40% Lotion - instructions to "apply topically to both feet twice daily - AM and PM" for dry skin.</p> <p>4) Desonide 0.05% Ointment - instructions to "apply topically to rash daily every morning - itchy skin."</p> <p>5) Mupirocin 2% Ointment - instructions to "apply topically to lesions twice daily as needed."</p> <p>6) Hydrocortisone 1% Cream - instructions to "apply topically daily as needed for itching."</p> <p>7) Elidel 1% Cream - instructions to "apply twice daily to affected areas as needed - eczema."</p> <p>8) Hydrocortisone 0.5% Cream - instructions to "apply topically to affected area every 4 hours as needed for itching or bug bites PRN (given as needed)."</p> <p>9) Ketoconazole Cream 2% Cream - instructions to "apply topically to torso and extremities daily as needed for skin rash."</p> <p>10) Triamcinolone Acetonide 0.1% - instructions to "apply twice daily to the affected eczema area(s) as needed (PRN)."</p>			

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	<p>11) Ammonium Lactate 12% Lotion - instructions to "apply as needed for dry skin."</p> <p>12) Bacitracin Ointment 500U (units)/1GM (gram) - instructions "for minor cuts wash area well with soap and water and apply topically twice daily and cover with bandage until healed."</p> <p>Client #3's physician orders also indicated Client #3 had a prescribed Hydroxyzine HCL (antihistamine) 25mg PO (by mouth) tablet with instructions to "take 1 tablet four times daily as needed for itching."</p> <p>Record review of a nursing progress note dated 9/29/13 indicated Client #3 was sent "to [urgent care] d/t (due to) sore L (left) wrist (unreadable) forearm cellulitis." A note dated 9/30/13 indicated "wound is dressed. L (left) hand is swollen. Has appt. (appointment) c (with) primary tomorrow for follow up."</p> <p>A Monthly Health Review dated 9/2013 indicated Client #3 had an "infection L (left) arm." A Monthly Health Review dated 10/2013 indicated Client #3 had "cellulitis, left wrist resolved." A Monthly Health Review note dated 1/14/14 indicated Client #3 had "follow-up ER (emergency room) for</p>			

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	<p>head wound recheck. Head wound healed." Record review indicated the facility neglected to develop a skin integrity care plan to prevent recurrence of infected wounds caused by Client #3's self-injurious behavior of biting his forearms and wrists.</p> <p>Client #3's "Nursing Progress Note" dated 7/14/14 at 6:37 AM indicated Client #3 went to urgent care "on Saturday" and "was diagnosed with cellulitis. Was treated with antibiotics and was asked to return today for recheck." The note indicated staff had noted Client #3's hand had swelling "during the overnight (shift)." The facility RN instructed to staff to take Client #3 to urgent care. The note indicated Client #3's guardian requested staff to wait until 10 AM to take Client #3 but the RN instructed staff to take Client #3 to urgent care immediately. At 8:45 AM, the note indicated Client #3 "is failing antibiotic and will likely need IV antibiotics...". At 2 PM, the note indicated Client #3 was being given IV antibiotic fluids. On 7/16/14 at 10:07 AM, the RN progress note indicated "client needed surgical intervention to cellulitis Right (sic) wrist/forearm area. The [Housemanager (HM)] states that at this point the hospital is saying that there are 2 wounds that will need packed daily</p>			

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	<p>and that client will need IV antibiotics."</p> <p>The RN progress note on 7/17/14 at 1:47 PM indicated "client is scheduled for discharge today. The IV antibiotics are to be dc'd (discontinued) and he will be started on PO (by mouth) antibiotics." The note indicated "he has two tunneling wounds which will need to have started dry packing with dressing change daily. This can be arranged via outpatient wound care at the hospital."</p> <p>A "Nursing Progress Note" dated 7/18/14 at 7:50 AM indicated Client #3's "R. (right) forearm to wrist is covered in gauze dressing...". The progress note indicated Client #3 "signs pain and points to R (right) arm."</p> <p>A "Nursing Progress Note" dated 7/18/14 at 1:30 PM indicated "writer to residence to review discharge orders from last night. Unable to find discharge orders. Called HM (House Manager) who states that she took it with her."</p> <p>Record review of a quarterly nursing note dated 8/8/14 for Client #3 indicated "according to staff appetite was very good prior to recent surgery for cellulitis/MRSA (antibiotic resistant staph bacteria) - R (right) hand, however, appetite much approved - eating good</p>			

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	<p>according to staff...". Record review indicated the facility neglected to develop a skin integrity plan to prevent recurrence of infected wounds caused by Client #3's self-injurious behaviors.</p> <p>On 8/13/14 at 3:28 PM during an interview, the facility Nurse indicated staff did not do daily skin checks on Client #3. The Nurse indicated Client #3 had no skin integrity plan. The Nurse stated staff "just knew" which skin treatment to use for Client #3. The Nurse agreed the physician orders should be clarified to define use for each prescribed skin treatment. The Nurse indicated each of Client #3's prescribed skin treatments should have been available in the group home. The Nurse stated Client #3 had a "history" of the self-injurious behaviors of banging his head and biting his arms. During the interview, the Residential Director (RD) indicated Client #3's behavior of biting should be addressed in his behavior plan not in a nursing care plan. The Nurse indicated Client #3's guardian was resistant to Client #3 wearing geri-sleeves (skin protection sleeves) to protect his arms from his bites. The Nurse indicated Client #3 would benefit from a skin integrity plan to prevent recurrence of skin infections.</p>			

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W000153	<p>A review of the facility's policy dated April 2011 was conducted on 8/12/14 at 4:00 P.M.. Review of the policy entitled "Quality and Risk Management" indicated: "Indiana Mentor promotes a high quality of service and seeks to protect individuals receiving Indiana Mentor Services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk to which individuals are exposed. Indiana Mentor follows the BDDS Incident Reporting policy as outlined in the Provider Standards. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported to Adult Protective Services....e. Failure to provide appropriate supervision, care or training. g. Failure to provide food and medical services as needed. Event with the potential for causing significant harm or injury and requiring medical or psychiatric treatments or services."</p> <p>9-3-2(a) 483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations</p>			

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	<p>of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on observation, record review and interview, the facility failed for 2 of 4 sampled clients (clients #2 and #4), to report injuries of unknown origin immediately to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 8/12/14 from 5:45 A.M. until 7:55 A.M.. Upon entering the group home, client #4 sat at the dining table and kept rubbing her head stating "My head is killing me, that boy hit me in the head with a baseball." Client #4's forehead appeared to have a bump above her left eyebrow with no discoloration, Each time a staff member walked past, client #4 repeated how her head was hurting, with no staff acknowledging her complaints of pain. At 6:50 A.M., Staff #1 was asked if client #4 had been hit in the head by a baseball. Staff #1 answered no. At 7:00 A.M., the Qualified Intellectual Disabilities Professional (QIDP) administered client #4's</p>	W000153	W153:The facility currently has a written policy and procedure for immediately reporting all allegations of mistreatment, neglect or abuse and injuries of unknown origin. All new employees are trained on the policy and the procedure for reporting injury of the clients to the proper authorities within and outside the agency. The facility follows a protocol and regulation for the supervisor to be notified and a BDDS report sent for injuries of unknown origin. The staff have been trained on the procedure to document and report injuries of unknown origin by calling the supervisor immediately per BDDS reporting guidelines. The Program Director has been trained on the mandated procedures to report unknown injuries/ allegations of abuse to BDDS, documentation of the reporting by staff to the supervisor on duty and review of client support records. The Home Manager has been trained to review the Daily Support Records three times weekly to follow up on client injures as needed and alerting the Program Director. In the future, the facility staff will follow the procedure to document all known and unknown injuries, additionally to notify	09/09/2014

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	<p>"Acetaminophen (pain) 325 mg tablets." Review of the MAR dated 8/1/14 to 8/31/14 was conducted at 7:05 A.M. and indicated "Acetaminophen 325 mg tab...take 2 tablets as need for pain." No documentation was submitted for review to indicate this injury of unknown origin was immediately reported to the administrator.</p> <p>An evening observation was conducted at the group home on 8/19/14 from 7:00 P.M. until 7:50 P.M.. During the observation client #4 was sitting at the kitchen table. Client #4 had a purple-blue discoloration from above her left eyebrow to her right eyebrow. The Area Director (AD) was asked what happened to client #4's forehead. The AD indicated he did not know. The QIDP then stated "Maybe she had a seizure." No documentation was submitted for review to indicate this injury of unknown origin was immediately reported to the administrator.</p> <p>An outside day program observation was conducted on 8/18/14 from 2:14 P.M. until 3:40 P.M.. During the observation client #2 was wearing shorts and had a large (approximately 4" wide by 5" in length) reddened area on the upper left thigh area. During an interview on</p>		<p>appropriate supervisor with all injuries of unknown origin. The Program Director will document the contact alert from staff then proceed to follow BDDS guidelines for reporting the injury as needed. The Program Director will monitor the staff and documentation logs weekly to ensure that incidents that occur are reported in a timely manner in the future.</p> <p>The facility supervisors will be conducting twice daily observations in the residence and once daily at the day program until September 30th, 2014 at which time it will be assessed if compliance has been achieved on a consistent basis. If in fact, compliance has been achieved, observations in residential will move to one time daily and continue one time daily at the day program for a period of 30 days at which point it will be assessed if consistent compliance has been maintained and it will be determined if daily observations can be moved to 3 times per week on alternating shifts for a period of 30 days for both residential and day program. At the end of 30 days the frequency of observations will be assessed and determined to ensure that consistent and continuous compliance is being maintained.</p> <p>Responsible Staff: Area Director Completion Date: 9/9/14</p>	

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	<p>8/18/14 at 2:25 P.M., Day Program DSP #4 stated she "had no idea" why client #2's leg was red. No documentation was submitted for review to indicate this injury of unknown origin was immediately reported to the administrator.</p> <p>A review of the outside day program "Health Incident Reports" was conducted at the outside day program on 8/18/14 at 3:20 P.M.. Review of the reports indicated:</p> <p>-Report dated 5/8/14 involving client #2: When changing [client #2] today, I (Staff name) noticed 2 purple-blue bruises on right knee (size of a dollar coin). Did not receive anything from group home if she had fallen (sic)." Further review of the report indicated the outside day program emailed the report to the facility's Area Director and Program Director on 5/9/14. No written documentation was submitted for review to indicate this injury of unknown origin was immediately reported to the administrator.</p> <p>-Report dated 8/4/14 involving client #2 indicated: "While changing [client #2] staff noticed a baseball size solid red mark on her left outer thigh." No written documentation was submitted for review to indicate this injury of unknown origin</p>			

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W000154	<p>was immediately reported to the administrator.</p> <p>An interview with the Area Director (AD) was conducted on 8/18/14 at 4:30 P.M.. The AD indicated there was no written documentation to indicate the administrator was immediately notified of the injuries of unknown origin. The AD further indicated there was no documentation to indicate BDDS was notified of the injuries of unknown origin.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on observation, record review and interview for 9 of 27 incidents, involving 3 of 4 sampled clients and 1 additional client (clients #2, #3, #4 and #5), the facility failed to provide written evidence</p>	W000154	W154:The facility currently has a written policy and procedure for immediately reporting all allegations of mistreatment, neglect or abuse and injuries of unknown origin. The procedures include completion of a thorough	09/09/2014

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	<p>investigations were conducted.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 8/12/14 from 5:45 A.M. until 7:55 A.M.. Upon entering the group home, client #4 sat at the dining table and kept rubbing her head stating "My head is killing me, that boy hit me in the head with a baseball." Client #4's forehead appeared to have a bump above her left eyebrow with no discoloration, Each time a staff member walked past, client #4 repeated how her head was hurting, with no staff acknowledging her complaints of pain. At 6:50 A.M., Staff #1 was asked if client #4 had been hit in the head by a baseball. Staff #1 answered no. At 7:00 A.M., the Qualified Intellectual Disabilities Professional (QIDP) administered client #4's "Acetaminophen (pain) 325 mg tablets." Review of the MAR dated 8/1/14 to 8/31/14 was conducted at 7:05 A.M. and indicated "Acetaminophen 325 mg tab...take 2 tablets as need for pain." No documentation was submitted for review to indicate an investigation was conducted in regard to this injury of unknown origin.</p> <p>An evening observation was conducted at the group home on 8/19/14 from 7:00</p>		<p>investigation of the origin of an injury. All new employees are trained on the policy and the procedure for reporting injury.</p> <p>The facility follows a protocol and regulation for the supervisor to be notified and a BDDS report sent for injuries of unknown origin, plus completion and documentation of the investigation of said unknown origin injury. The Area Director has trained the Program Director and the Day Program Supervisor on the requirement to investigate unknown origin injuries and document investigation. The Area Director has trained the Day Program Supervisor on the requirement to alert the residential supervisor of injuries and to send investigations as completed. Staff has been re-trained on notifying a supervisor or the on-call to report injuries of unknown origin. In the future, the facility will follow the protocol and the state regulation for the supervisor to be notified and a BDDS report sent for injuries of unknown origin, plus completion and documentation of the investigation of said unknown origin injury. The Home manager will monitor the client daily support records and the communication logs for Day Program three times weekly and the Program Director will monitor weekly for documentation of injuries and complete follow up as needed.</p>	

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	<p>P.M. until 7:50 P.M.. During the observation client #4 was sitting at the kitchen table. Client #4 had purple-blue discoloration from above her left eyebrow to her right eyebrow. The Area Director (AD) was asked what happened to client #4's forehead. The AD indicated he did not know. The QIDP then stated "Maybe she had a seizure." No documentation was submitted for review to indicate an investigation was conducted in regard to this injury of unknown origin.</p> <p>An outside day program observation was conducted on 8/18/14 from 2:14 P.M. until 3:40 P.M.. During the observation client #2 was wearing shorts and had a large (approximately 4" wide by 5" in length) reddened area on the upper left thigh area. During an interview conducted on 8/18/14 at 2:25 P.M., Day Program DSP #4 stated she "had no idea" why client #2's leg was red.</p> <p>On 8/18/14 at 4:30 P.M., the facility AD was notified of the reddened area on client #2's upper left thigh area. The AD indicated he did not know about the injury. No documentation was submitted for review to indicate an investigation was conducted in regard to the injury of unknown origin.</p> <p>A review of the facility's records was</p>		<p>The facility supervisors will be conducting twice daily observations in the residence and once daily at the day program until September 30th, 2014 at which time it will be assessed if compliance has been achieved on a consistent basis. If in fact, compliance has been achieved, observations in residential will move to one time daily and continue one time daily at the day program for a period of 30 days at which point it will be assessed if consistent compliance has been maintained and it will be determined if daily observations can be moved to 3 times per week on alternating shifts for a period of 30 days for both residential and day program. At the end of 30 days the frequency of observations will be assessed and determined to ensure that consistent and continuous compliance is being maintained.</p> <p>Responsible Staff: Area Director Completion Date: 9/9/14</p>				

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	<p>conducted at the facility's administrative office on 8/12/14 at 1:30 P.M.. Review of the reports indicated:</p> <p>-BDDS report dated 1/2/14...Date of Knowledge: 1/7/14...Submitted Date: 1/8/14 involving client #2 indicated: "[Facility name] received a Health Incident form reporting that the ADA (Day program room) staff had noticed a small bruise under [client #2]'s eye. Investigation is underway to determine how the bruise happened." No investigation record was submitted for review in regard to this incident.</p> <p>-BDDS report dated 4/9/14 involving client #3 indicated: An allegation was made that while [client #3] was having a behavior at day services, that staff was not using approved PIA (crisis intervention) techniques as trained. The alleged staff was immediately suspended pending investigation. [Client #3] was counseled and is doing fine." No written documentation was submitted for review to indicate an investigation was conducted in regards to this incident.</p> <p>-BDDS report dated 4/9/14 involving client #5 indicated: " Staff reported that allegedly, another staff at Day Program made the comment ' [Client #5] is disgusting and I don't want him to sit by</p>						

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	<p>me ' while in front of [client #5] at Day Service. Staff were immediately suspended pending investigation. [Client #5] was counseled and is doing fine. " No written documentation was submitted for review to indicate an investigation was conducted in regards to this allegation of abuse.</p> <p>-BDDS report dated 3/16/14 involving client #2 indicated: "[Client #2]'s mother had taken her home from about 1:00 P.M. to 8:15 P.M.. When she brought [client #2] back to the group home, she reported that earlier in the day [client #2] had 'pooped out' a plastic trash can liner. She laughed about it and thought it was funny so she didn't take her to be seen by anyone. The HM (Home Manager) on call took [client #2] to the Emergency Room (ER) to make sure she had cleared everything from her system. The hospital drew blood and did a CAT scan (computed tomography/X-ray) and didn't find anything else foreign in her system. They diagnosed her with a UTI (Urinary Tract Infection) and sent her home. Plan to Resolve (Immediate and Long Term): All trash cans were removed from [client #2]'s bedroom (the only place she would be without constant staff supervision). PICA is a targeted behavior addressed in her behavior plan so staff will continue to implement the behavior plan as written."</p>			

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	<p>No written documentation was submitted for review to indicate an investigation was conducted in regards to this allegation of neglect.</p> <p>A review of the group home Daily Service Reports (DSRs) was conducted on 8/14/14 at 11:00 P.M.. Review of the records indicated:</p> <p>-DSR dated 7/6/14 for the shift time 5:00 P.M. until 11:00 P.M., involving client #2 indicated: "[Client #2] was gone when staff arrived. She returned around 8:00 P.M.. She was then changed by other staff. When gone with guardian she ate a silica packet and had a large bowel movement." No written documentation was submitted for review to indicate an investigation was conducted in regards to this allegation of neglect.</p> <p>A review of the outside day program "Health Incident Reports" was conducted at the outside day program on 8/18/14 at 3:20 P.M.. Review of the reports indicated:</p> <p>-Report dated 5/8/14 involving client #2: "When changing [client #2] today, I (Staff name) noticed 2 purple-blue bruises on right knee (size of a dollar coin). Did not receive anything from group home if she had fallen." Further</p>						

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	<p>review of the report indicated the outside day program emailed the report to the facility's Area Director and Program Director on 5/9/14. No written documentation was submitted for review to indicate an investigation was conducted in regards to this injury of unknown origin.</p> <p>-Report dated 8/4/14 involving client #2 indicated: "While changing [client #2] staff noticed a baseball size solid red mark on her left outer thigh." Further review of the report indicated the outside day program emailed the report to the facility's Area Director and Program Director on 8/5/14. No written documentation was submitted for review to indicate the facility conducted an investigation in regard to this injury of unknown origin.</p> <p>An interview with the Area Director (AD) was conducted on 8/12/14 at 2:15 P.M.. The AD indicated all allegations of abuse and neglect and injuries of unknown origin should be investigated. When asked if the above incidents were investigated, the AD indicated if the incidents were investigated, the investigations would have been submitted. No investigations were submitted for review in regards to the mentioned incidents.</p>			

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W000157	<p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on 16 of 16 incidents for 2 of 4 sampled clients (clients #2 and #3), the facility failed to take sufficient/effective corrective measures in regard to preventing/addressing a pattern of client #2's PICA (eating of non edible objects) and client #3's SIB (Self Injurious Behavior).</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's administrative office on 8/12/14 at 1:30 P.M.. Review of the Bureau of Developmental Disabilities Services (BDDS) reports indicated:</p> <p>1. -BDDS report dated 3/16/14 involving client #2 indicated: "[Client #2]'s mother had taken her home from about 1:00 P.M. to 8:15 P.M.. When she brought [client #2] back to the group home, she reported that earlier in the day [client #2] had 'pooped out' a plastic trash can liner. She laughed about it and thought it was funny so she didn't take her to be seen by</p>	W000157	<p>W157The facility Home Manager and Program Director consistently monitors client treatment on a daily basis through review of documentation on all clients. The facility QMRP reviews client Program Plans including incident reports on a weekly basis and upon incident occurrence then makes revisions to the plans per team approval. The Program Director ensures follow up to prevent recurrence so as prevention of a pattern does not develop. The Area Director will train the Home Manager and Program Director on the facility guidelines of client daily support records, behavioral data and incident report review then to develop an action plan to address reoccurring client behaviors. An update has been made to Client #2's behavioral support plan to include PICA protocol and reactive measures. Revision has been made to Client #3's behavioral support plan to include a clear definition of his self injurious behaviors as well as strategies and interventions. The staff have been trained on the revised behavior plans for clients #2 and #3. The Home Manager</p>	09/09/2014

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	<p>anyone. The HM (Home Manager) on call took [client #2] to the Emergency Room (ER) to make sure she had cleared everything from her system. The hospital drew blood and did a CAT scan (computed tomography/X-ray) and didn't find anything else foreign in her system. They diagnosed her with a UTI (Urinary Tract Infection) and sent her home. Plan to Resolve (Immediate and Long Term): All trash cans were removed from [client #2]'s bedroom (the only place she would be without constant staff supervision). PICA is a targeted behavior addressed in her behavior plan so staff will continue to implement the behavior plan as written."</p> <p>A review of the group home Daily Service Reports (DSRs) was conducted on 8/14/14 at 11:00 P.M.. Review of the records indicated:</p> <p>-DSR dated 7/6/14 for the shift time 5:00 P.M. until 11:00 P.M., involving client #2 indicated: "[Client #2] was gone when staff arrived. She returned around 8:00 P.M.. She was then changed by other staff. When gone with guardian she ate a silica packet and had a large bowel movement."</p> <p>2. -DSR dated 4/9/14 involving client #3 indicated: "[Client #3] was head butting, biting his self (sic)."</p>		<p>(three times weekly) and Program Director (weekly) will continue to review client support records, behavioral data and incident reports upon occurrence monitoring client behavior to implement corrective/preventative measures prevent/address a pattern of client behaviors. The Program Director will review the nursing notes as well when doing the reviews to ensure the documentation of treatment matches a specific incident. The facility supervisors will be conducting twice daily observations in the residence and once daily at the day program until September 30th, 2014 at which time it will be assessed if compliance has been achieved on a consistent basis. If in fact, compliance has been achieved, observations in residential will move to one time daily and continue one time daily at the day program for a period of 30 days at which point it will be assessed if consistent compliance has been maintained and it will be determined if daily observations can be moved to 3 times per week on alternating shifts for a period of 30 days for both residential and day program. At the end of 30 days the frequency of observations will be assessed and determined to ensure that consistent and continuous compliance is being maintained. . Responsible Staff: Area Director Completion Date: 9/9/14</p>	

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	<p>-DSR dated 4/16/14 involving client #3 indicated: "...he and another housemate began hitting each other. He and she was (sic) separated. He calmed down. Then he went into behaviors hitting his face."</p> <p>-DSR dated 4/16/14 involving client #3 indicated: "[Client #3] was having a behavior on the way home. He was banging head and biting and hitting head on window."</p> <p>-DSR dated 4/17/14 involving client #3 indicated: "[Client #3] showered and had a behavior problem after shower due to hitting house mate and staff. Went to mat and was there for a long time. He was hitting and biting, scratch (sic)."</p> <p>-DSR dated 4/19/14 involving client #3 indicated: "[Client #3] hit himself in the face, bit his left wrist."</p> <p>-DSR dated 4/19/14 involving client #3 indicated: "[Client #3] want to keep hitting hissself (sic) and hitting staff."</p> <p>-DSR dated 4/23/14 involving client #3 indicated: "[Client #3] started throwing chairs and hitting his head in kitchen. [Client #3] was banging head and hitting things."</p>			

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	<p>-DSR dated 4/28/14 involving client #3 indicated: "[Client #3] started kicking, hitting and banging his head on window."</p> <p>-DSR dated 6/1/14 involving client #3 indicated: "...Staff took him to his room and tried to calm him down. He hit, kicked, scratched and punched himself repeatedly."</p> <p>-DSR dated 6/2/14 involving client #3 indicated: "[Client #3] was on mat when staff arrived due to behaviors. [Client #3] has bite mark on left forearm due to self injurious behavior. [Client #3] was spitting, punching self in face."</p> <p>-DSR dated 6/4/14 involving client #3 indicated: "[Client #3] started head banging, scratching staff and pinching. [Client #3] threw helmet off and banged head against bed post."</p> <p>-DSR dated 6/5/14 involving client #3 indicated: "...Staff got him in his seat and continued to bit (sic) and hit himself and staff. He was taken into day services and was brought to mat. Staff took over from there."</p> <p>-DSR dated 6/9/14 involving client #3 indicated: "[Client #3] was upset and repeatedly banged his head against the wall then after returning to his bed he</p>						

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	<p>attempted to bang his head then [client #3] was checked on every 15 minutes for 2 hours. He had red mark on forehead."</p> <p>-DSR dated 6/9/14 involving client #3 indicated: "[Client #3] was moved away and started hitting head on wall."</p> <p>-DSR dated 6/10/14 involving client #3 indicated: "[Client #3] was having a good day until he got to day service. He started to hit the window with his head and hand. He was brought into day service and they took over."</p> <p>-DSR dated 8/4/14 involving client #3 indicated: "[Client #3] slept well all night till 4:45 A.M. at which time he woke up from sofa having a behavior and bit his arm in 2 places and broke skin. I called HM (Home Manager)."</p> <p>-DSR dated 8/11/14 involving client #3 indicated: "[Client #3] was asleep. He got up and dressed and ate breakfast. He went and took his treatment and meds. Then [client #3] became upset started to back into things and knocked things off counter. Staff took him to the mat. Where he hit and scratched himself and staff."</p> <p>A review of client #2's record was conducted at the facility's administrative</p>			

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	<p>office on 8/15/14 at 12:55 P.M.. A review of client #2's "Behavioral Support Plan" Revision date 6/2/14 indicated..."[Client #2] is non verbal and has difficulty communicating her wants and needs. Due to her history of PICA and eating unauthorized foods, staff should ensure her health and wellness by making sure all objects and unauthorized food that could be ingested by [client #2] is (sic) out of her reach." Review of client #2's BSP indicated the facility neglected to revise/review and/or address client #2's BSP in regard to PICA and/or clearly define client #2's PICA behavior. The BSP neglected to include any more strategies and/or interventions in regard to client #2's PICA behavior of ingesting inedible objects.</p> <p>A review of client #3's record was conducted on 8/18/14 at 2:48 P.M.. A review of client #3's Behavioral Support Plan (BSP) dated 7/31/14 indicated: "[Client #3]'s aggressive outburst include property destruction, profanity, screaming and physical aggression. Self-injurious behavior often occurs during periods of aggressive outburst but will often happen as a single incident." Review of client #3's BSP indicated the facility failed to revise/review and/or address client #3's BSP in regard to SIB and/or clearly define client #3's SIB</p>			

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W000186	<p>behavior. The BSP failed to include any more strategies and/or interventions in regard to client #3's SIB.</p> <p>No documentation was available for review to indicate the facility took sufficient/effective corrective action to prevent recurrence.</p> <p>An interview with the QIDP was conducted on 8/13/14 at 3:00 P.M.. When asked if the facility addressed the documented incidents/pattern of PICA and SIB, the QIDP indicated staff were retrained on clients #2 and #3's BSPs. No documentation was submitted for review to indicate group home staff were retrained on clients #2 and #3's BSPs.</p> <p>9-3-2(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on record review, observation and interview, the facility failed for 6 of 7 clients (clients #1, #2, #3, #5, #6 and #7)</p>	W000186	W 186:The facility provides sufficient direct care staff to manage and supervise clients in accordance with their individual	09/09/2014			

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	<p>residing at the group home, to provide sufficient numbers of direct care staff to supervise/manage as indicated in their Individual Support Plans (ISPs).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 8/12/14 from 5:45 A.M. until 7:55 A.M.. From 5:45 A.M. until 7:30 A.M., client #2 repeatedly walked back and forth from the living room to the dining room area and then down the hallway to her bedroom with no staff supervision or interaction. Client #2 did not have on a gait belt. Direct Support Professional (DSP) #1 was assisting client #6 with showering and dressing in his bedroom and DSP #2 was assisting client #7 with showering and dressing in his bedroom. At 6:15 A.M., DSP #1 began administering medications. At 6:50 A.M., DSP #3 arrived at the group home for her scheduled shift, entered the kitchen and began preparing breakfast. Client #2 was not supervised by staff from 5:45 A.M. until she sat at the dining table for breakfast at 7:30 A.M.. Upon entering the group home at 5:45 A.M., a board located in the kitchen indicated: "[Client #1] 1 to 1 (assigned supervision) [DSP #3]... [Client #3] 1 to 1 [DSP #1]."</p>		<p>program plans. The facility schedules direct support staff per licensure of home in two week increments to ensure appropriate supervision of the clients in the home. The written schedule in the home provided a total of three direct support staff to supervise the clients. The Home Manager will re-train the staff to follow the new implemented coverage for four staff on duty during waking hours and supervision levels of the clients. The day program has been trained on the supervision level for client #2 for line of sight and providing staff to meet that requirement. The Area Director has trained the Home Manager to check the schedule to confirm appropriate staffing by initialing the review. To ensure adequate supervision, in the future, the Home Manager will complete the schedule in advance with Program Director input and reviews.</p> <p>The facility supervisors will be conducting twice daily observations in the residence and once daily at the day program until September 30th, 2014 at which time it will be assessed if compliance has been achieved on a consistent basis. If in fact, compliance has been achieved, observations in residential will move to one time daily and continue one time daily at the day program for a period of 30 days at which point it will be assessed if consistent compliance has been maintained</p>				

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	<p>An interview with DSP #1 was conducted on 8/12/14 at 7:00 A.M.. When asked what the notation on the board indicated, DSP #1 stated "[Client #1] is on 1 to 1 staffing because of her falls and seizures. [Client #3] is on 1 to 1 staffing because of his self injurious behaviors." When asked what 1 to 1 staffing meant, DSP #1 stated "Staff are assigned to be within arms length of the assigned client at all times."</p> <p>An evening observation was conducted at the group home on 8/20/14 from 9:00 P.M. until 9:50 P.M.. Upon entering the group home, client #1 was sitting in the back room with no 1 to 1 staff and no supervision. DSP #8 was in the kitchen talking to client #6. Client #2 was sitting in a chair in the living room with no staff supervision. DSPs #4 and #9 were administering medications to client #7 in his bedroom.</p> <p>An outside day program observation was conducted on 8/18/14 from 2:14 P.M. until 3:40 P.M.. During the observation, staff verbally prompted Client #2 to continue her activity as they attended to other tasks. Another client was sitting two tables over to the left with an activity of replicated plastic coins. At 2:35 PM, the client left the plastic coins unattended scattered on the table as he walked away from the table and was assisted</p>		<p>and it will be determined if daily observations can be moved to 3 times per week on alternating shifts for a period of 30 days for both residential and day program. At the end of 30 days the frequency of observations will be assessed and determined to ensure that consistent and continuous compliance is being maintained. . Completion Date: 9/9/14 Person Responsible: Program Director, Area Director</p>				

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	<p>by Day program DSP #1 to use the restroom.</p> <p>An outside day program observation was conducted on 8/19/14 from 10:45 A.M. until 11:50 A.M.. During the entire observation, client #2 sat with no line of sight supervision from day program staff.</p> <p>An interview was conducted with day program staff #1 on 8/19/14 at 11:40 A.M.. Day program staff #1 indicated the staffing ratio in the classroom was 8 clients to 1 staff. Day program staff #1 further indicated there were not enough staff in the classroom to provide 1 to 1 or line of sight supervision for client #2.</p> <p>An outside day program observation was conducted on 8/22/14 from 10:45 A.M. until 11:50 A.M.. During the entire observation, client #2 sat with no line of sight supervision from day program staff.</p> <p>A confidential interview (CI) #1 was conducted. CI #1 indicated the facility had not requested in line of sight or 1 to 1 staffing for client #2. The CI #1 further indicated the ratio in the classroom is 8 clients to 1 staff.</p> <p>A review of the group home staff schedules dated 4/27/14 to 8/12/14 was reviewed on 8/12/14 at 3:00 P.M. and indicated:</p>						

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	<p>-Staffing Schedule dated 4/27/14 to 5/10/14 indicated 3 scheduled staff for the morning awake shift (6:00 A.M. to 3:00 P.M.), 3 scheduled staff for the evening awake shift (3:00 P.M. to 10:00 P.M.) and 2 scheduled staff for the overnight asleep shift 10:00 P.M. to 6:00 A.M.).</p> <p>-Staffing Schedule dated 5/25/14 to 6/7/14 indicated 3 scheduled staff for the morning awake shift, 3 scheduled staff for the evening awake shift and 2 scheduled staff for the overnight asleep shift.</p> <p>-Staffing Schedule dated 6/8/14 to 6/21/14 indicated 3 scheduled staff for the morning awake shift, 3 scheduled staff for the evening awake shift and 2 scheduled staff for the overnight asleep shift.</p> <p>-Staffing Schedule dated 6/22/14 to 7/5/14 indicated 3 scheduled staff for the morning awake shift, 3 scheduled staff for the evening awake shift and 2 scheduled staff for the overnight asleep shift.</p> <p>-Staffing Schedule dated 7/6/14 to 7/19/14 indicated 3 scheduled staff for the morning awake shift, 3 scheduled</p>			

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	<p>staff for the evening awake shift and 2 scheduled staff for the overnight asleep shift.</p> <p>-Staffing Schedule dated 7/20/14 to 8/2/14 indicated 3 scheduled staff for the morning awake shift, 3 scheduled staff for the evening awake shift and 2 scheduled staff for the overnight asleep shift.</p> <p>-Staffing Schedule dated 8/3/14 to 8/16/14 indicated 3 scheduled staff for the morning awake shift, 3 scheduled staff for the evening awake shift and 2 scheduled staff for the overnight asleep shift.</p> <p>The staff schedules dated 4/27/14 to 8/16/14 indicated the facility neglected to ensure sufficient staff were scheduled at the group home to provide eye sight supervision of client #2 at all times.</p> <p>A review of client #1's record was conducted on 8/13/14 at 2:55 P.M.. The Individual Support Plan (ISP) dated 8/21/13 indicated: "Constant supervision."</p> <p>A review of client #2's record was conducted on 8/18/14 at 2:48 P.M.. The ISP dated 10/20/13 indicated: "Assessment of his/her supervision</p>				

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	<p>needs: staff need to remain right by [client #2]'s side."</p> <p>A review of client #3's record was conducted on 8/13/14 at 3:45 P.M.. The ISP dated 9/18/13 indicated: "In home 24 hour supervision."</p> <p>A review of client #5's record was conducted on 8/18/14 at 4:00 P.M.. The ISP dated 8/9/13 indicated: "Needs supervision 24 hours a day."</p> <p>A review of client #6's record was conducted on 8/18/14 at 4:20 P.M.. The ISP dated 8/9/13 indicated: "24 hour 7 day a week awake supervision."</p> <p>A review of client #7's record was conducted on 8/18/14 at 4:30 P.M.. The ISP dated 8/9/13 indicated: "Should have a support person with him at all times."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/12/14 at 2:50 P.M.. The QIDP indicated clients #1 and #3 were on 1 to 1 staff supervision. The QIDP indicated staff are to be close to clients #1 and #3 during their assigned staff coverage. The QIDP indicated staff are assigned daily and for each shift to each client requiring 1 to 1 coverage. The QIDP further indicated client #1 was</p>			

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W000189	<p>assigned 1 to 1 staff supervision because of her medical needs due to seizures and falls and client #3 was assigned 1 to 1 staff supervision due to his self injurious behaviors of head banging and biting himself. When asked how client #2 should be supervised, the QIDP indicated she is to be in eye sight of staff at all times due to her history of falling and PICA. When asked what eye sight supervision was, the QIDP stated staff should "see" client #2 at all times.</p> <p>9-3-3(a)</p> <p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on observation, interview and record review for 1 of 4 sampled clients (client #2), the facility failed to ensure all staff who worked with the clients were trained in regard to the clients' behavioral needs/plans.</p> <p>Findings include: A review of the group home Daily Service Reports (DSRs) was conducted on 8/14/14 at 11:00 P.M.. Review of the records indicated:</p>	W000189	W 189:The facility direct care staff are trained upon hire and as client plans are revised. Direct support staff are provided with continual training that enables the employee to perform his or her duties effectively and competently. The Home Manager will train all staff on Client # 2's supervision protocol, PICA protocol, the gait belt guidelines and constipation protocol to ensure adequate supervision and follow through with the client support plan. The staff were trained to report BDDS reportable	09/09/2014

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	<p>-DSR dated 7/6/14 for the shift time 5:00 P.M. until 11:00 P.M., involving client #2 indicated: "[Client #2] was gone when staff arrived. She returned around 8:00 P.M.. She was then changed by other staff. When gone with guardian she ate a silica packet and had a large bowel movement." The record indicated the facility neglected to immediately report the incident to the administrator and/or other state officials. The record indicated the facility neglected to seek medical attention and/or indicate if the facility nurse was notified, assessed the client, and/or monitored the client for bowel impaction. The record indicated the facility neglected to call and/or document if poison control was called in regard to the ingestion of the silica packet. The record indicated the facility neglected to conduct an investigation in regard to this incident.</p> <p>A review of client #2's record was conducted at the facility's administrative office on 8/15/14 at 12:55 P.M.. Review of client #2's records indicated the following:</p> <p>-"[Facility name] Appointment List...Name: [Client #2] date 3/16/14... [Hospital name]...Reason for visit: BM (bowel movement) plastic bag</p>		<p>incidents according to BDDS requirement, completion of the report of injury for injuries of known and unknown nature, and completion of the client Daily Support Record to chart incidents and injuries. The Area Director has trained the Day Program on Client # 2's supervision protocol, PICA protocol, the gait belt guidelines and constipation protocol to ensure adequate supervision and follow through with the client support plan. In addition, the day program will be providing line of sight supervision for Client #2 until the client needs change. The Facility Nurse has been trained to be specific in her notes to indicate the date of an incident with the corresponding noted treatment. The Home Manager (three times weekly) and Program Director (weekly) will continue to review client support records, behavioral data and incident reports upon occurrence monitoring client behavior to implement corrective/preventative measures prevent/address a pattern of client behaviors. The Program Director will review the nursing notes as well when doing the reviews to ensure the documentation of treatment matches a specific incident. The facility supervisors will be conducting twice daily observations in the residence and once daily at the day program until September 30th, 2014 at which time it will be</p>				

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	<p>vomiting...Results: No evidence of obstruction, large amount of ingested material in stomach d/t (due to) FB (foreign body), bladder infection, RX (prescribed) mag (magnesium) citrate." Client #2's record neglected to indicate if the "large amount of ingested material in stomach" was inedible or edible objects.</p> <p>-"[Facility Name] Medical Appointment Form' dated 7/14/14...Reason for visit: Swolled (sic) forein (sic) piece of shoe. Provider Recommendations/Results: Monitor for changes in behavior and appetite/intake. Please contact neurology for re-check. Referral to dermatology for skin problems on hand. Follow up 3 months or sooner if needed." The client's record neglected to indicate if the ingestion of the silica packet incident on 7/6/14 and this incident of the swallowing of a foreign piece of shoe was a separate or the same incident.</p> <p>-'"Group Home Quarterly Nutrition Assessment' dated 8/8/14 [Client #2]...Aspiration Protocol, Dysphasia Dining Plan...Pureed Diet...7/14/14 swallowed a foreign piece of shoe."</p> <p>-"Aspiration Protocol" last dated review 10/30/12 indicated..."[Client #2] choked needing Heimlich 9/05 and 10/07. No pneumonia noted. Eats rapidly and often</p>		<p>assessed if compliance has been achieved on a consistent basis. If in fact, compliance has been achieved, observations in residential will move to one time daily and continue one time daily at the day program for a period of 30 days at which point it will be assessed if consistent compliance has been maintained and it will be determined if daily observations can be moved to 3 times per week on alternating shifts for a period of 30 days for both residential and day program. At the end of 30 days the frequency of observations will be assessed and determined to ensure that consistent and continuous compliance is being maintained. Completion Date: 9/9/14 Persons Responsible: Area Director/ Program Director</p>	

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	<p>stuffs mouth. Choked again 12/08. ER (Emergency Room) recommended changing to pureed diet...Thickened fluids, consistency: May have regular thin liquids but use volume control cup...Food texture: pureed...Other: No straws. Offer a small spoon to limit the size of bite."</p> <p>-"Behavioral Support Plan" Revision date 6/2/14 indicated..."[Client #2] is non verbal and has difficulty communicating her wants and needs. Due to her history of PICA and eating unauthorized foods, staff should ensure her health and wellness by making sure all objects and unauthorized food that could be ingested by [client #2] is (sic) out of her reach." Review of client #2's BSP indicated the facility neglected to revise/review and/or address client #2's BSP in regard to PICA and/or clearly define client #2's PICA behavior. The BSP neglected to include any more strategies and/or interventions in regard to client #2's PICA behavior of ingesting inedible objects.</p> <p>-"Dysphasia/Dining Plan' last dated review 10/30/13..."[Client #2]...Food Texture: Pureed to a smooth pudding consistency...Fluid Texture: Thin liquids...Use volume control cup...Snacks: Pureed."</p>			

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	<p>A review of client #2's "Constipation Protocol" last dated review 10/30/13 indicated: "[Client #2] is incontinent of bowel. She wears depends (undergarment). When [client #2] does evacuate it is generally large/XL (extra large) and very thick. Home: Document BM? Yes. If yes, where? MAR (Medication Administration Record). If document BM's, how? Observed...During Depends change. Interventions: 1. PRN (as needed) bowel medications: Instructions: Offer prune juice if no BM in 2 days. After 3 days use Milk of Magnesia from house PRN list 30 ccs at bedtime. After following PRN order, if no stool by the end of the 6th day call supervisor. If person has had no or only small stool in 6 days call supervisor...."</p> <p>A review of client #2's MARs for the months of 5/1/14 to 8/31/14 indicated:</p> <p>-Client #2's MAR dated 5/1/14 to 5/31/14 indicated: No documented bowel movement on 5/6, 5/7, 5/8, 5/9, 5/10, 5/11, 5/13, small bowel movement on 5/14, 5/15, 5/16, small bowel movement on 5/17, no bowel movement on 5/19, 5/20, 5/22, 5/23, 5/24, 5/25, 5/26, 5/27, 5/28, 5/30 and 5/31. Review of the record neglected to indicate client #2 was administered Milk of Magnesia the entire</p>			

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	<p>month. There was no documentation to indicate the supervisor was contacted as directed in her "Constipation Protocol" dated 10/30/13.</p> <p>-Client #2's MAR dated 6/1/14 to 6/30/14 indicated: no documented bowel movement on 6/2, 6/3, 6/4, small bowel movement on 6/6, no documented bowel movement on 6/7, 6/8, 6/9, 6/10, 6/11, 6/12, 6/13, 6/14, 6/16, 6/17, 6/18, 6/19, 6/20, 6/21, 6/22, 6/23, 6/24, 6/25, 6/26, 6/27, 6/28, 6/29 and 6/30. Review of the record neglected to indicate client #2 was administered Milk of Magnesia the entire month. There was no documentation to indicate the supervisor was contacted as directed in her "Constipation Protocol" dated 10/30/13.</p> <p>-Client #2's MAR dated 7/1/14 to 7/31/14 indicated: no documented bowel movement on 7/1, 7/2, 7/3, 7/4, 7/8, 7/9, small bowel movement on 7/10, 7/11, no documented bowel movement on 7/15, 7/16, small bowel movement on 7/19, no documented bowel movement on 7/20, small bowel movement on 7/21, no bowel movement on 7/22, 7/26, small bowel movement on 7/27, no bowel movement on 7/28 and small bowel movement on 7/29. Review of the record neglected to indicate client #2 was administered Milk of Magnesia the entire</p>						

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	<p>month. There was no documentation to indicate the supervisor was contacted as directed in her "Constipation Protocol" dated 10/30/13.</p> <p>-Client #2's MAR dated 8/1/14 to 8/31/14 indicated: small bowel movement documented on 8/1, no documented bowel movement on 8/2, 8/3, 8/4, 8/7, small bowel movement on 8/8, no documented bowel movement on 8/12, 8/13 and a small bowel movement documented on 8/14. Review of the record neglected to indicate client #2 was administered Milk of Magnesia the entire month. There was no documentation to indicate the supervisor was contacted as directed in her "Constipation Protocol" dated 10/30/13.</p> <p>A review of client #2's Physical Therapy (PT) evaluation dated 8/26/13 indicated: "...I also gave [Staff name] a copy of gait belt prescription. In order to decrease fall risk, it is recommended that pt (patient) have close supervision when transferring and walking."</p> <p>A review of the facility's staff training records for all staff who worked at the group home and the outside day program with client #2 was conducted at the facility's administrative office on 8/13/14 at 12:30 P.M.. Review of the record</p>			

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	<p>indicated the facility neglected to ensure all staff who were scheduled to work with client #2 were specifically trained on client #2's PICA behavior to prevent potential harm.</p> <p>An outside day program observation was conducted on 8/18/14 from 2:14 P.M. until 3:40 P.M.. At 2:31 PM, the day program records were reviewed. The record indicated client #2's PICA (a disorder characterized by the eating of non-food items) protocol dated 8/15/14 was in client #2's record. During an interview, DSP #1 stated he was "told" about client #2's new PICA protocol and he did "review" it. DSP #2 stated client #2's new PICA protocol was dropped off in the morning and they were asked to "read it over." During an interview on 8/18/14 at 2:43 PM, Case Coordinator #1 stated staff were "trained" on client #2's PICA protocol that morning.</p> <p>An outside day program observation was conducted on 8/22/14 from 1:00 P.M. until 2:10 P.M.. During the entire observation client #2 did not have line of sight supervision. Day Program DSP #1 assisted with toileting clients and Day Program #4 baked cake pops.</p> <p>A confidential interview CI #1 was conducted. CI #1 indicated the facility's</p>			

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W000227	<p>Qualified Intellectual Disabilities Professional (QIDP) dropped off a copy of client #2's PICA protocol on 8/18/14, asked to have staff read it and sign it and indicated she would be back. The QIDP returned later and retrieved the signed PICA protocol. CI #1 indicated there was no training on the PICA protocol and line of sight supervision. When asked what the supervision level was for client #2 while at the day program, the interview indicated the ratio in the classroom is 8 clients to 1 staff and further indicated the facility did not ask for line of sight supervision staffing.</p> <p>9-3-3(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, interview and record review for 2 of 4 sampled clients (clients #2 and #3), the clients' Individual Support Plan (ISP) failed to specifically</p>	W000227	W227: The facility meets with the Interdisciplinary Team to determine the specific objectives necessary to meet the client's needs. The client goals and	09/09/2014

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	<p>address the clients' identified behavioral needs.</p> <p>Findings include:</p> <p>1. A review of the facility's records was conducted at the facility's administrative office on 8/12/14 at 1:30 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) report dated 3/16/14 indicated:</p> <p>"[Client #2]'s mother had taken her home from about 1:00 P.M. to 8:15 P.M.. When she brought [client #2] back to the group home, she reported that earlier in the day [client #2] had 'pooped out' a plastic trash can liner. She laughed about it and thought it was funny so she didn't take her to be seen by anyone. The HM (Home Manager) on call took [client #2] to the Emergency Room (ER) to make sure she had cleared everything from her system. The hospital drew blood and did a CAT scan (computed tomography/X-ray) and didn't find anything else foreign in her system. They diagnosed her with a UTI (Urinary Tract Infection) and sent her home. Plan to Resolve (Immediate and Long Term): All trash cans were removed from [client #2]'s bedroom (the only place she would be without constant staff supervision). PICA is a targeted behavior addressed in</p>		<p>objectives are based on client and team input as well as comprehensive assessment results incorporated in the comprehensive functional assessment of the Individual Support Plan. The facility has updated both client #2 and client #3's behavior support plans to include specific protocols/plans for the client. The addition of a PICA protocol for client #2 and the addition of specific definitions for client #3 self injurious behaviors have been installed in the plans. In addition, the Area Director has trained the Direct Support Employees and the Day Program Supervisor on the new behavior support plans to ensure they are aware and implement the changes. In the future, the facility Program Director will complete the client ISP according to the abilities of the clients and provide client goals designed to increase the skill level in the area of client needs. The Home Manager will monitor the goal implementation and documentation on a three times weekly basis. The Program Director will review goals on a monthly basis.</p> <p>The facility supervisors will be conducting twice daily observations in the residence and once daily at the day program until September 30th, 2014 at which time it will be assessed if compliance has been achieved on a consistent basis. If in fact, compliance has been achieved,</p>				

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	<p>her behavior plan so staff will continue to implement the behavior plan as written." The BDDS report indicated the facility neglected to conduct an investigation in regard to client #2's PICA incident. The BDDS report indicated client #2's IDT (Inter Disciplinary Team) neglected to meet and discuss the 3/16/14 incident. The BDDS report indicated the facility neglected to specifically develop a PICA protocol/risk plan to address client #2's ingestion of the trash can liner. Review of the BDDS report indicated the facility neglected to review/revise client #2's BSP to specifically define and/or address her PICA behavior. The report indicated the facility neglected to assess the environment/bedroom for other potential choking items. The report indicated the facility neglected to put any preventative measures in place, and/or discuss/train client #2's family on environmental hazards and safety protocol to prevent client #2 from ingesting non-edible items while visiting at her family's home.</p> <p>A review of the group home Daily Service Reports (DSRs) was conducted on 8/14/14 at 11:00 P.M.. Review of the records indicated:</p> <p>-DSR dated 7/6/14 for the shift time 5:00 P.M. until 11:00 P.M., involving client #2 indicated: "[Client #2] was gone</p>		<p>observations in residential will move to one time daily and continue one time daily at the day program for a period of 30 days at which point it will be assessed if consistent compliance has been maintained and it will be determined if daily observations can be moved to 3 times per week on alternating shifts for a period of 30 days for both residential and day program. At the end of 30 days the frequency of observations will be assessed and determined to ensure that consistent and continuous compliance is being maintained. Responsible Person: Area Director Completion Date: 9/9/14</p>	

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	<p>when staff arrived. She returned around 8:00 P.M.. She was then changed by other staff. When gone with guardian she ate a silica packet and had a large bowel movement."</p> <p>A review of client #2's record was conducted at the facility's administrative office on 8/15/14 at 12:55 P.M.. A review of client #2's "Behavioral Support Plan" Revision date 6/2/14 indicated..."[Client #2] is non verbal and has difficulty communicating her wants and needs. Due to her history of PICA and eating unauthorized foods, staff should ensure her health and wellness by making sure all objects and unauthorized food that could be ingested by [client #2] is (sic) out of her reach." Review of client #2's BSP indicated the facility neglected to revise/review and/or address client #2's BSP in regard to PICA and/or clearly define client #2's PICA behavior. The BSP neglected to include any more strategies and/or interventions in regard to client #2's PICA behavior of ingesting inedible objects.</p> <p>2. A morning observation was conducted at the group home on 8/12/14 from 5:45 A.M. until 7:55 A.M.. During the observation period, client #3 was observed to have medical bandages on his right and left arms.</p>						

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	<p>An interview with Direct Support Professional (DSP) #1 was conducted on 8/12/14 at 7:00 A.M.. DSP #1 indicated the bandages on client #3's arm were due to him biting himself and causing an infection which had to be medically treated.</p> <p>A review of the facility's records was conducted at the facility's administrative office on 8/12/14 at 1:30 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) report dated 3/16/14 indicated:</p> <p>-BDDS report dated 12/6/13 indicated: "[Client #3] was banging his head and the staff restrained him per his behavior support plan using PIA (crisis hold) After he had calmed down, he got back into his wheelchair. When she (sic) staff started to wheel him out of his bedroom he lunged forward out of his wheelchair and hit his head on the sit (sic) of his roommate's bed. Despite wearing his helmet, he gashed open his forehead. He was taken to the Emergency Room and they used glue to seal the wound."</p> <p>-BDDS report dated 7/14/14 indicated: "On July 14, 2014 staff notified the on-call supervisor that [client #3]'s hand was swollen and should be evaluated.</p>			

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	<p>[Client #3] was transported to the emergency room and after visiting the doctor, [client #3] was admitted for continued observation."</p> <p>A review of the group home Daily Service Reports (DSRs) was conducted on 8/14/14 at 11:00 P.M.. Review of the records indicated:</p> <p>-DSR dated 4/9/14 involving client #3 indicated: "[Client #3] was head butting, biting his self (sic)."</p> <p>-DSR dated 4/16/14 involving client #3 indicated: "...he and another housemate began hitting each other. He and she was (sic) separated. He calmed down. Then he went into behaviors hitting his face."</p> <p>-DSR dated 4/16/14 involving client #3 indicated: "[Client #3] was having a behavior on the way home. He was banging head and biting and hitting head on window."</p> <p>-DSR dated 4/17/14 involving client #3 indicated: "[Client #3] shower and had a behavior problem after shower due to hitting house mate and staff. Went to mat and was there for a long time. He was hitting and biting, scratch (sic)."</p> <p>-DSR dated 4/19/14 involving client #3</p>			

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	<p>indicated: "[Client #3] hit himself in the face, bit his left wrist."</p> <p>-DSR dated 4/19/14 involving client #3 indicated: "[Client #3] want (sic) to keep hitting hisself (sic) and hitting staff."</p> <p>-DSR dated 4/23/14 involving client #3 indicated: "[Client #3] started throwing chairs and hitting his head in kitchen. [Client #3] was banging head and hitting things."</p> <p>-DSR dated 4/28/14 involving client #3 indicated: "[Client #3] started kicking, hitting and banging his head on window."</p> <p>-DSR dated 6/1/14 involving client #3 indicated: "...Staff took him to his room and tried to calm him down. He hit, kicked, scratched and punched himself repeatedly."</p> <p>-DSR dated 6/2/14 involving client #3 indicated: "[Client #3] was on mat when staff arrived due to behaviors. [Client #3] has bite mark on left forearm due to self injurious behavior. [Client #3] was spitting, punching self in face."</p> <p>-DSR dated 6/4/14 involving client #3 indicated: "[Client #3] started head banging, scratching staff and pinching. [Client #3] threw helmet off and banged</p>			

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	<p>head against bed post."</p> <p>-DSR dated 6/5/14 involving client #3 indicated: "...Staff got him in his seat and continued to bit (sic) and hit himself and staff. He was taken into day services and was brought to mat. Staff took over from there."</p> <p>-DSR dated 6/9/14 involving client #3 indicated: "[Client #3] was upset and repeatedly banged his head against the wall then after returning to his bed he attempted to bang his head then [client #3] was checked on every 15 minutes for 2 hours. He had red mark on forehead."</p> <p>-DSR dated 6/9/14 involving client #3 indicated: "[Client #3] was moved away and started hitting head on wall."</p> <p>-DSR dated 6/10/14 involving client #3 indicated: "[Client #3] was having a good day until he got to day service. He started to hit the window with his head and hand. He was brought into day service and they took over."</p> <p>-DSR dated 8/4/14 involving client #3 indicated: "[Client #3] slept well all night till 4:45 A.M. at which time he woke up from sofa having a behavior and bit his arm in 2 places and broke skin. I called HM (Home Manager)."</p>			

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	<p>-DSR dated 8/11/14 involving client #3 indicated: "[Client #3] was asleep. He got up and dressed and ate breakfast. He went and took his treatment and meds. Then [client #3] became upset started to back into things and knocked things off counter. Staff took him to the mat. Where he hit and scratched himself and staff."</p> <p>A review of client #3's record was conducted on 8/18/14 at 2:48 P.M.. A review of client #3's Behavioral Support Plan (BSP) dated 7/31/14 indicated: "[Client #3]'s aggressive outburst include property destruction, profanity, screaming and physical aggression. Self-injurious behavior often occurs during periods of aggressive outburst but will often happen as a single incident." Review of client #3's BSP indicated the facility failed to revise/review and/or address client #3's BSP in regard to SIB and/or clearly define client #3's SIB behavior. The BSP failed to include any more strategies and/or interventions in regard to client #3's SIB.</p> <p>An interview with the Area Director (AD) and the Registered Nurse (RN) was conducted on 8/15/14 at 12:10 P.M.,, The AD indicated client #2 had PICA behaviors. The AD indicated client #3</p>			

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W000240	<p>had behaviors of biting himself, head banging and throwing himself from his wheelchair. The AD indicated the identified behaviors were not specifically addressed in clients #2 and #3's BSPs. The RN indicated the 7/14/14 injury was caused from client #3 biting his arm.</p> <p>9-3-4(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, interview and record review for 1 of 4 sampled clients (client #2), the client's Individual Support Plan (ISP) failed to indicate how facility staff were to specifically ambulate with the client.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 8/12/14 from 5:45 A.M. until 7:55 A.M.. From 5:45 A.M. until 7:30 A.M., client #2 repeatedly walked back and forth from the living room to the dining room area and then down the hallway to her bedroom with an unsteady gait, leaning forward and side to side. At 7:30 A.M., Direct Support Professional (DSP) #3 led client #2 from the living room to the kitchen, by holding</p>	W000240	W240: The facility meets with the Interdisciplinary Team to determine the specific objectives necessary to meet the client's needs. The client goals and objectives are based on client and IDT input as well as comprehensive assessment results incorporated in the comprehensive functional assessment of the Individual Support Plan. The facility has developed and are implementing a gait belt protocol to use with the gait belt to assist Client #2 when she ambulates. An addendum has been written for client#2's Individual Support Plan specifically noting the gait belt usage. The Area Director has trained the Direct Support Employees and the Day Program on the new gait belt protocol and client #2's ISP addendum. to ensure they are aware and	09/09/2014

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	<p>client #2's arm and waist. Client #2 did not have a gait belt.</p> <p>An outside day program observation was conducted on 8/19/14 from 10:45 A.M. until 11:50 A.M.. During the observation Day Program DSP #1 led client #2 to the bathroom by holding her waist. Client #2 walked with an unsteady gait. Client #2 did not have a gait belt.</p> <p>Client #2's record was reviewed on 8/13/14 at 3:35 P.M.. A review of client #2's "Physical Therapy" appointment form dated 8/26/13 indicated: "...I also gave [Staff name] a copy of gait belt prescription...In order to prevent fall risk, its recommended that patient have close supervision when transferring and walking. Client #2's 10/30/13 ISP indicated: "blind in one eye...Assessment of his/her supervision needs: staff need to remain right by [client #2]'s side." Further review of the ISP did not indicate how facility staff were to assist and/or to assist the client to ambulate or include the use of a gait belt.</p> <p>An interview with the Registered Nurse (RN) was conducted on 8/15/14 at 12:10 P.M., When asked how facility staff were to assist the client to ambulate, the RN indicated by holding her arm. The RN indicated client #2 ambulated on her</p>		<p>support the changes. In addition, the Area Director has trained the guardian on the gait belt and the protocol for using to assist the client to ambulate. In the future, the facility Program Director will complete the client ISP according to the abilities of the clients, based on assessments and provide client goals designed to increase the skill level in the area of client needs. The Home Manager will monitor the goal implementation and documentation on a three times weekly basis. The Program Director will review goals on a monthly basis. To ensure the gait belt is being used as directed, the facility supervisors will be conducting twice daily observations in the residence and once daily at the day program until September 30th, 2014 at which time it will be assessed if compliance has been achieved on a consistent basis. If in fact, compliance has been achieved, observations in residential will move to one time daily and continue one time daily at the day program for a period of 30 days at which point it will be assessed if consistent compliance has been maintained and it will be determined if daily observations can be moved to 3 times per week on alternating shifts for a period of 30 days for both residential and day program. At the end of 30 days the frequency of observations will be assessed and determined to ensure that</p>				

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W000249	<p>own and further indicated she had an unsteady gait.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review, and interview, the facility failed to implement written objectives during times of opportunity for 4 of 4 sampled clients (clients #1, #2, #3 and #4).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 8/12/14 from 5:45 A.M. until 7:55 A.M.. From 5:45 A.M. until 7:30 A.M., client #2 repeatedly walked back and forth from the living room to the dining room area and then down the hallway to her bedroom with no staff supervision or interaction. Client #1 sat on a chair located in the back room</p>	W000249	<p>consistent and continuous compliance is being maintained. Responsible Person: Area Director Completion Date: 9/9/14</p> <p>W249: The facility currently meets with the client Interdisciplinary team to formulate an individual program plan. The group home staff are trained upon hire and on going to implement all treatment program goals to support achievement by the client of such goals. The Home Manager will re-train the staff on client goals of clients 1, 2, 3, and 4 to ensure active treatment is evident and continuous. The training will include using formal and informal opportunities to provide training whenever possible. In the future, the Home manager will continue to train and follow up on staff to implement client goals and ensure client activity to</p>	09/09/2014

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	<p>with no activity and no staff interaction. Client #4 sat at the kitchen table with no activity and no staff interaction. From 6:50 A.M. until 7:30 A.M., client #3 sat at the kitchen table with no activity.</p> <p>Direct Support Professional (DSP) #1 was assisting client #6 with showering and dressing in his bedroom and DSP #2 was assisting client #7 with showering and dressing in his bedroom. At 6:15 A.M., DSP #1 began administering medications. DSP #1 popped each clients medications into a plastic cup and administered the medications to each client. Client #1 did not feed herself her own medication. There was no teaching and training during the medication administration. At 6:50 A.M., DSP #3 arrived at the group home for her scheduled shift, entered the kitchen and began preparing breakfast. DSP #1 and #2 would walk through the facility and visually check on clients #1, #2, #3 and #4 but did not offer meaningful active treatment activities or implement client objectives. Clients #1, #2 and #3 were non verbal in that they did not speak. Client #1 did not and was not prompted to point to a picture in a communication book. Client #3 did not use a communication book.</p> <p>A review of client #1's record was conducted on 8/13/14 at 2:55 P.M.. The</p>		<p>encourage client progress. In the future, the facility supervisors will be conducting twice daily observations in the residence until September 30th, 2014 at which time it will be assessed if compliance has been achieved on a consistent basis. If in fact, compliance has been achieved, observations in residential will move to one time daily for a period of 30 days at which point it will be assessed if consistent compliance has been maintained and it will be determined if daily observations can be moved to 3 times per week on alternating shifts for a period of 30 days for residential. At the end of 30 days the frequency of observations will be assessed and determined to ensure that consistent and continuous compliance is being maintained. Responsible Staff: Program Director Completion Date: 9/9/14</p>	

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	<p>Individual Support Plan (ISP) dated 8/21/13 indicated: "Will push the button on the food processor...Will point to a picture in her communication book...Will feed herself her medication."</p> <p>A review of client #2's record was conducted on 8/18/14 at 2:48 P.M.. The ISP dated 10/20/13 indicated: "Will interact with staff and peers for 5 minutes...Will identify her medication...Will increase money management...Will be provided training for recreation and leisure skills."</p> <p>A review of client #3's record was conducted on 8/13/14 at 3:45 P.M.. The ISP dated 9/18/13 indicated: " Will put food into a pot...Will complete physical therapy exercises...Will use a communication book to a picture and sing (sic) the meaning in the picture."</p> <p>A review of client #4's record was conducted on 8/18/14 at 3:28 P.M.. The ISP dated 3/25/14 indicated: "Will assist with preparing a meal...Will write her name...Will carry her magnet and state its purpose."</p> <p>The Regional Director (RD) was interviewed on 8/21/14 at 1:08 P.M.. The RD stated client objectives should be implemented "daily." The RD further</p>			

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W000331	<p>indicated clients #1, #2, #3 and #4 should have been provided with meaningful active treatment activities during the observation periods.</p> <p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review, and interview, the facility nursing staff failed to develop a skin integrity care plan for a client with a history of skin injuries, eczema, skin infections, and rashes for 1 of 4 sampled clients (Client #3) and failed to ensure irregularities in the drug regimen, including duplicate therapies, were reported to the pharmacist and physician for clarification for use for 1 of 4 sampled clients (Client #3).</p> <p>Findings include:</p> <p>On 8/12/14 between 4:20 PM and 5:30 PM group home observations were conducted. At 5:11 PM, Direct Support Professional (DSP) #10 was at the medication counter. Review of the 8/14 MAR (medication administration record) for Client #3 indicated not all the skin treatments listed prescribed for Client #3 were in the home. The following</p>	W000331	<p>W331The facility has an established healthcare system that is overseen by the facility nurse. Each client medical care plan is based on assessments, doctor's orders, diagnosis requiring protocol and the needs of the client. The facility nurse has developed a skin integrity protocol for Client #3 to determine appropriate drug regimen for the client. The Facility Nurse has been trained by the Director of Nursing on preventing irregularities in client drug regimen and duplicate therapies prescribed by doctors. The nurse was trained to obtain clarified physicians orders to define the use and origin of application of medication for the client. In addition the nurse training reviewed the future need for a skin integrity protocol for clients with skin conditions using multiple topical treatments. The staff and Day Program Supervisor has been trained on the skin protocol for client #3. The nurse, PD, HM</p>	09/09/2014

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	<p>treatments listed on Client #3's MAR were not available in the home: Hydrocortisone 0.5% Cream PRN (given as needed), Mupirocin 2% Ointment PRN, and Elidel 1% Cream PRN.</p> <p>During an interview at 5:22 PM, DSP #10 indicated there was no skin care plan for Client #3. When asked how staff knew which skin treatment to use for which skin condition and location, DSP #10 stated staff "just knew" what the various skin treatments were used to treat.</p> <p>On 8/12/14 at 1:20 PM, the facility BDDS (Bureau of Developmental Disabilities Services) from 9/1/13 to 8/12/14 were reviewed. A BDDS report dated 9/30/13 indicated "staff noticed a red swollen area on [Client #3]'s arm. The contacted the on call supervisor who came over and looked at it and decided to take [Client #3] to urgent care. While there, the doctor drained the area and diagnosed [Client #3] with Cellulitis (bacterial infection of the skin which causes redness, swelling and pain). He prescribed antibiotics and said to return if his condition worsened." The report indicated "staff were advised to continue to monitor [Client #3]'s health."</p> <p>A BDDS report dated 12/6/13 indicated "[Client #3] was banging his head and the</p>		<p>and staff have been trained to check the medicine cabinet referring to the medication book to ensure all prescribed medications are in the home to administer. In the future, the facility will review each client's needs plus risk management plan and address with necessary protocols to ensure the client nursing services address all potential health issues. The nurse will review the medications of the clients once monthly. The Home manger will review the medications at least once weekly to ensure proactive measures to order medication as necessary in the future. In the future, the facility supervisors will be conducting twice daily observations in the residence until September 30th, 2014 at which time it will be assessed if compliance has been achieved on a consistent basis. If in fact, compliance has been achieved, observations in residential will move to one time daily for a period of 30 days at which point it will be assessed if consistent compliance has been maintained and it will be determined if daily observations can be moved to 3 times per week on alternating shifts for a period of 30 days for residential. At the end of 30 days the frequency of observations will be assessed and determined to ensure that consistent and continuous compliance is being maintained. Responsible Staff:</p>	

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	<p>staff restrained him per his behavior plan using PIA (Physical Intervention Alternatives). After he calmed down, he got back into his wheelchair. When she (sic) staff started to wheel him out of his bedroom he lunged forward out of his wheelchair and hit his head on the sit (sic) of his roommate's bed." The report indicated "despite wearing his seizure helmet, he gashed open his forehead. He was taken to the Emergency Room and they used glue to seal the wound." The report indicated "staff will assist [Client #3] with keeping his wound clean and dry. Staff will assist [Client #3] with keeping his wound clean and dry."</p> <p>A BDDS report dated 7/14/14 indicated "staff notified the on-call supervisor that [Client #3]'s hand was swollen and should be evaluated. [Client #3] was transported to the emergency room and after visiting the doctor, [Client #3] was admitted for continued observation."</p> <p>On 8/13/14 at 1:12 PM, record review indicated Client #3's diagnoses included, but were not limited to, profound intellectual disabilities, atopic eczema (causes recurring irritated and itchy skin), dry skin, and allergies of shell nuts, shellfish, soap, mushrooms, tomatoes, and eggs.</p>		Program DirectorCompletion Date: 9/9/14		

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	<p>Record review indicated Client #3's physician orders dated 8/01/14 through 8/31/14 indicated the following prescribed topical treatments:</p> <ol style="list-style-type: none"> 1) Mupirocin 2% Ointment - instructions to "apply a small amount topically to the affected area three time daily - 8AM-4PM-9PM - for open head wounds from head banging." 2) Minerin Cream - instructions to "use once to twice daily - AM, PM." 3) Urea 40% Lotion - instructions to "apply topically to both feet twice daily - AM and PM" for dry skin. 4) Desonide 0.05% Ointment - instructions to "apply topically to rash daily every morning - itchy skin." 5) Mupirocin 2% Ointment - instructions to "apply topically to lesions twice daily as needed." 6) Hydrocortisone 1% Cream - instructions to "apply topically daily as needed for itching." 7) Elidel 1% Cream - instructions to "apply twice daily to affected areas as needed - eczema." 8) Hydrocortisone 0.5% Cream - 			

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	<p>instructions to "apply topically to affected area every 4 hours as needed for itching or bug bites PRN (given as needed)."</p> <p>9) Ketoconazole Cream 2% Cream - instructions to "apply topically to torso and extremities daily as needed for skin rash."</p> <p>10) Triamcinolone Acetonide 0.1% - instructions to "apply twice daily to the affected eczema area(s) as needed (PRN)."</p> <p>11) Ammonium Lactate 12% Lotion - instructions to "apply as needed for dry skin."</p> <p>12) Bacitracin Ointment 500U (units)/1GM (gram) - instructions "for minor cuts wash area well with soap and water and apply topically twice daily and cover with bandage until healed."</p> <p>Client #3's physician orders also indicated Client #3 had a prescribed Hydroxyzine HCL (antihistamine) 25mg PO (by mouth) tablet with instructions to "take 1 tablet four times daily as needed for itching."</p> <p>Record review of a nursing progress note dated 9/29/13 indicated Client #3 "to [urgent care] d/t (due to) sore L (left) wrist (unreadable) forearm cellulitis." A</p>			

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	<p>note dated 9/30/13 indicated "wound is dressed. L (left) hand is swollen. Has appt. (appointment) c (with) primary tomorrow for follow up."</p> <p>A Monthly Health Review dated 9/2013 indicated Client #3 had an "infection L (left) arm." A Monthly Health Review dated 10/2013 indicated Client #3 had "cellulitis, left wrist resolved." A Monthly Health Review note dated 1/14/14 indicated Client #3 had "follow-up ER (emergency room) for head wound recheck. Head wound healed."</p> <p>Client #3's nursing quarterly note dated 8/30/13 indicated Client #3 had "open sores from head banging on forehead. Skin dry." The quarterly nursing note dated 11/17/13 indicated "has eczema torso, has multiple creams and lotions to tx (treat)." The quarterly nursing note dated 2/7/14 indicated "this quarter had shingles. Healed. Continues (with) eczema tx (treatment) (with) multiple creams...". Client #3's quarterly nursing note dated 5/17/14 indicated "continues (with) eczema, skin looks good."</p> <p>Client #3's "Nursing Progress Note" dated 7/14/14 at 6:37 AM indicated Client #3 went to urgent care "on Saturday" and "was diagnosed with</p>			

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	<p>cellulitis. Was treated with antibiotics and was asked to return today for recheck." The note indicated staff had noted Client #3's hand had swelling "during the overnight (shift)." The facility RN instructed to staff to take Client #3 to urgent care. The note indicated Client #3's guardian requested staff to wait until 10 AM to take Client #3 but the RN instructed staff to take Client #3 to urgent care immediately. At 8:45 AM, the note indicated Client #3 "is failing antibiotic and will likely need IV antibiotics...". At 2 PM, the note indicated Client #3 was being given IV antibiotic fluids. On 7/16/14 at 10:07 AM, the RN progress note indicated "client needed surgical intervention to cellulitis Right (sic) wrist/forearm area. The [Housemanager (HM)] states that at this point the hospital is saying that there are 2 wounds that will need packed daily and that client will need IV antibiotics.</p> <p>The RN progress note on 7/17/14 at 1:47 PM indicated "client is scheduled for discharge today. The IV antibiotics are to be dc'd (discontinued) and he will be stated on PO (by mouth) antibiotics." The note indicated "he has two tunneling wounds which will need to have we to dry packing with dressing change daily. This can be arranged via outpatient wound care at the hospital."</p>			

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	<p>A "Nursing Progress Note" dated 7/18/14 at 7:50 AM indicated Client #3's "R. (right) forearm to wrist is covered in gauze dressing...". The progress note indicated Client #3 "signs pain and points to R (right) arm."</p> <p>A "Nursing Progress Note" dated 7/18/14 at 1:30 PM indicated "writer to residence to review discharge orders from last night. Unable to find discharge orders. Called HM (House Manager) who states that she took it with her."</p> <p>Record review indicated a quarterly nursing note dated 8/8/14 for Client #3 which indicated "according to staff appetite was very good prior to recent surgery for cellulitis/MRSA (antibiotic resistant staph bacteria) - R (right) hand, however, appetite much improved - eating good according to staff...".</p> <p>On 8/13/14 at 3:28 PM during an interview, the facility Nurse indicated staff did not do daily skin checks on Client #3. The Nurse indicated Client #3 had no skin integrity plan. The Nurse stated staff "knew" which skin treatment to use for Client #3. The Nurse agreed the physician orders should be clarified to define use for each prescribed skin treatment. The Nurse indicated each of</p>			

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W000363	<p>Client #3's prescribed skin treatments should have been available in the group home. The Nurse indicated the pharmacist did quarterly pharmacy reviews of the client's drug regimen but did not identify any potential irregularities and/or duplicate therapies of skin treatments for Client #3. The Nurse stated Client #3 had a "history" of the self-injurious behaviors of banging his head and biting his arms. The Nurse indicated Client #3's guardian was resistant to Client #3 wearing gerbil-sleeves (skin protection sleeves) to protect his arms from his bites. The Nurse indicated Client #3 would benefit from a skin integrity plan to assist staff in treating his various skin conditions.</p> <p>9-3-6(a)</p> <p>483.460(j)(2) DRUG REGIMEN REVIEW The pharmacist must report any irregularities in clients' drug regimens to the prescribing physician and interdisciplinary team.</p> <p>Based on observation, record review, and interview, the facility failed to ensure the pharmacist identified and reported any irregularities in clients drug regimen, including potential duplicate therapies, to the prescribing physician and interdisciplinary team for 4 of 4 sampled</p>	W000363	W363The facility has an established healthcare system that is overseen by the facility nurse. The facility contracts with a local pharmacy to package medications, develop medication administration records, and advise on client medications ordered by the doctors. The oversight of a pharmacy allows	09/09/2014

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	<p>clients (#1, #2, #3, and #4) and 4 additional clients (#5, #6, #7, and #8).</p> <p>Findings include:</p> <p>On 8/12/14 between 4:20 PM and 5:30 PM group home observations were conducted. At 5:11 PM, Direct Support Professional (DSP) #10 was at the medication counter. Review of the 8/14 MAR (medication administration record) for Client #3 indicated not all the skin treatments listed prescribed for Client #3 were in the home. The following treatments listed on Client #3's MAR were not available in the home: Hydrocortisone 0.5% Cream PRN (given as needed), Mupirocin 2% Ointment PRN, and Elidel 1% Cream PRN. When asked how staff knew which skin treatment to use for which skin condition and location, DSP #10 stated staff "just knew" what the various skin treatments were used to treat.</p> <p>On 8/13/14 at 1:12 PM, record review indicated Client #3's diagnoses included, but were not limited to, profound intellectual disabilities, atopic eczema (causes recurring irritated and itchy skin), dry skin, and allergies of shell nuts, shellfish, soap, mushrooms, tomatoes, and eggs.</p>		<p>for the client to have additional professional expertise regarding their healthcare. The facility nurse has reviewed and followed up with the pharmacy to ensure ideal oversight for the client medication regime: pharmacy reviews should be a thorough review to include documentation that physician orders do not indicate origin of medication application, condition being treated, and documentation of the review of each client's individual medication regime, reference of client for necessary interventions noted to nurse and on the review sheet. In addition, the nurse has developed and set up a pain rating chart to access the pain perimeters for client 3 when using prescribed pain medication prior to administering. The staff and Day Program have been trained on the pain perimeters for client #3. The nurse, PD, HM and staff have been trained to check the medicine cabinet while referring to the medication book to ensure all prescribed medications are in the home to administer. In the future the facility nurse will review and address issues noted incorrectly or not noted in future pharmacy audits quarterly. The nurse will continue to work with the pharmacy to be the medical liaison for the client medication services for optimal healthcare for all clients. Responsible Staff: Program Director/Nurse Completion Date:</p>		

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	<p>Record review indicated Client #3's physician orders dated 8/01/14 through 8/31/14 indicated the following prescribed topical treatments:</p> <ol style="list-style-type: none"> 1) Mupirocin 2% Ointment - instructions to "apply a small amount topically to the affected area three time daily - 8AM-4PM-9PM - for open head wounds from head banging." 2) Minerin Cream - instructions to "use once to twice daily - AM, PM" 3) Urea 40% Lotion - instructions to "apply topically to both feet twice daily - AM and PM" for dry skin. 4) Desonide 0.05% Ointment - instructions to "apply topically to rash daily every morning - itchy skin." 5) Mupirocin 2% Ointment - instructions to "apply topically to lesions twice daily as needed." 6) Hydrocortisone 1% Cream - instructions to "apply topically daily as needed for itching." 7) Elidel 1% Cream - instructions to "apply twice daily to affected areas as needed - eczema." 8) Hydrocortisone 0.5% Cream - 		<p>9/9/14 In the future, the facility supervisors will be conducting twice daily observations in the residence until September 30th, 2014 at which time it will be assessed if compliance has been achieved on a consistent basis. If in fact, compliance has been achieved, observations in residential will move to one time daily for a period of 30 days at which point it will be assessed if consistent compliance has been maintained and it will be determined if daily observations can be moved to 3 times per week on alternating shifts for a period of 30 days for residential. At the end of 30 days the frequency of observations will be assessed and determined to ensure that consistent and continuous compliance is being maintained. Person responsible: Program Director Completion Date: 9/9/14</p>	

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	<p>instructions to "apply topically to affected area every 4 hours as needed for itching or bug bites PRN (given as needed)."</p> <p>9) Ketoconazole Cream 2% Cream - instructions to "apply topically to torso and extremities daily as needed for skin rash."</p> <p>10) Triamcinolone Acetonide 0.1% - instructions to "apply twice daily to the affected eczema area(s) as needed (PRN)."</p> <p>11) Ammonium Lactate 12% Lotion - instructions to "apply as needed for dry skin."</p> <p>12) Bacitracin Ointment 500U (units)/1GM (gram) - instructions "for minor cuts wash area well with soap and water and apply topically twice daily and cover with bandage until healed."</p> <p>Client #3's physician orders also indicated Client #3 had a prescribed Hydroxyzine HCL (antihistamine) 25mg (milligrams) PO (by mouth) tablet with instructions to "take 1 tablet four times daily as needed for itching." Client #3 also had a prescribed scheduled dose of Hydroxyzine HCL 25mg tablet at 9 PM for "allergies."</p> <p>Client #3's nursing quarterly nursing note</p>			

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	<p>dated 11/17/13 indicated "has eczema torso, has multiple creams and lotions to tx (treat)." The quarterly nursing note dated 2/7/14 indicated "this quarter had shingles. Healed. Continues (with) eczema tx (treatment) (with) multiple creams..."</p> <p>Client #3's MAR (medication administration record) dated 8/1/14 indicated Client #3 was prescribed the following medications for pain:</p> <p>1) Acetaminophen 325mg (milligrams) tablet - instructed use "take 2 tablets every 4 hours as needed (PRN) for pain, discomfort, and temperature over 100."</p> <p>2) Ibuprofen 200mg tablet - instructed use "take 2 tablets every 6 hours as needed (PRN) for discomfort from sprain-apply cold pack and elevate."</p> <p>3) Hydrocodone/APAP 5mg/325mg (a controlled medication for pain) - instructed use "take 1/2-1 tablet every 4-6 hours as needed for pain PRN (given as needed)."</p> <p>Review of Client #3's MAR indicated no documented parameters for which pain medication was to be given for which severity of pain and whether they could be safely used together.</p>			

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	<p>The pharmacy review dated 9/25/2013 indicated "medication regimens were examined to determine appropriateness of therapy. Special attention was focused on duplicate therapy, drug interactions, and proper monitoring. Special concerns were discussed with the [facility] nurse." The pharmacy review indicated "the facility review involved checking the medicine cabinets for proper labeling, expired medications, proper medication storage, and MAR (medication administration record) entries." The pharmacy review indicated "overall, the pharmacy review of the Indiana Mentor group homes found no significant deficiencies." The pharmacy review indicated no documentation of individual client regimen review. The review failed to include documentation indicating the pharmacy had reviewed the individual drug regimens for each client residing in the home (clients #1, #2, #3, #4, #5, #6, #7, and #8).</p> <p>The pharmacy review dated 12/11/13 indicated "4 group homes were reviewed." The pharmacy review indicated "medication regimens were examined to determine appropriateness of therapy. Special attention was focused on duplicate therapy, drug interactions, and proper monitoring. Special concerns</p>						

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	<p>were discussed with the [facility] nurse." The pharmacy review indicated two interventions were "necessary during this review." The review indicated "one resident chews a tablet that cannot be chewed, the physician was called and the medication was stopped. The other intervention is needed to help eliminate duplicate or un-necessary medications for a resident, it is still in progress." The pharmacy review failed to indicate which clients of the 4 group homes required the "necessary interventions." The pharmacy review failed to include documentation which indicated each clients' individual drug regimens were reviewed (clients #1, #2, #3, #4, #5, #6, #7, #8).</p> <p>The pharmacy review dated 3/12/14 indicated "thirty total clients were reviewed" whom resided in 4 group homes. The pharmacy review indicated "Eight interventions were necessary during this review. One resident was being given two different medications twice daily when they were only supposed to be given once daily. One resident had two medications discontinued while in the hospital and they were not stopped after he got back to the group home. A resident had a medication in the hospital that was not continued after returning to the group home and it should have been; a call to</p>			

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	<p>the physician was made to determine if he/she should continue it. A call was made to a physician to determine if a medication was still necessary; it was changed to as needed." The pharmacy review indicated "A physician was called to remind them a patient needs lab orders to monitor for anemia (low iron). A physician was called to request a change of therapy for a patient whose disease state is not being managed." The pharmacy review failed to indicated which clients of the 30 clients reviewed required drug regimen intervention. The pharmacy review failed to include documentation which indicated clients #1, #2, #3, #4, #5, #6, #7, or #8's drug regimens were thoroughly reviewed and irregularities reported to prescribing physician.</p> <p>The pharmacy review dated 6/24/14 indicated "Thirty-one total clients were reviewed" which resided in 4 group homes. The pharmacy review indicated "two interventions were necessary during this review." The review indicated "a call was made to the physician for a resident that was re-started on a medication that was discontinued in the hospital to make sure it was not discontinued due to renal or hepatic function. It was not, so the medication was determined to be safe." The review</p>			

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	<p>indicated the other intervention was in regards to 3 clients having excess polyethylene glycol powder (fiber given for constipation). The pharmacy review failed to include documentation that clients #1, #2, #3, #4, #5, #6, #7, and #8's drug regimens were reviewed.</p> <p>On 8/13/14 at 3:28 PM during an interview, the facility Nurse agreed the physician orders should be clarified to define use for each prescribed skin treatment for Client #3. The Nurse indicated each of Client #3's prescribed skin treatments should have been available in the group home. The Nurse indicated Client #3 could communicate whether he was in pain by signing but was not able to communicate severity of pain. The Nurse indicated Client #3's physician orders for pain medication should have been clarified. The Nurse indicated the pharmacist did quarterly pharmacy reviews of the client's drug regimen but did not identify any potential irregularities and/or duplicate therapies of skin treatments for Client #3. The Nurse indicated she agreed the pharmacy review should be more specific in documenting each client's drug regimen with pharmacy recommendations. The Nurse indicated Client #3's 10 skin treatments were potentially duplicate therapies and should have been addressed by the pharmacy.</p>			

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W000367	<p>9-3-6(a)</p> <p>483.460(k) DRUG ADMINISTRATION The facility must have an organized system for drug administration that identifies each drug up to the point of administration. Based on observation, record review and interview, the facility failed to keep medications for 4 of 4 sampled clients and 1 additional client observed during the morning medication administration (clients #1, #2, #3, #4 and #5), identified until the point of administration.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 8/12/14 from 5:45 A.M. until 7:55 A.M.. At 6:12 A.M., Direct Support Professional (DSP) #1 was observed popping medications out of containers in the medication area. At 6:15 A.M., a review of the Medication Administration Record (MAR) dated 8/1/14 to 8/31/14 indicated the medications administered to client #2 were: "Amphetamine Salt (attention deficit disorder)...Phenobarbital (seizures)...Levothyroxine</p>	W000367	W367: The facility will ensure staff are trained upon hire to utilize the medication administration system to administer medication without error. The staff are trained in core A and B to directly ensure each client receives the medical services per medical needs. The facility staff will be retrained to follow the medication administration procedures when administering medication to the clients. Specifically covered in the training was reminding that the pills should be removed from the labeled package with the client present, never to pre-fill a dispenser cup with medication, over all following procedures to prevent medication error. The Home Manager will monitor the staff and medication documentation to ensure medication is being administered properly. The staff are also trained to be on alert to ensure the pills match the label and the client. The facility will continue to	09/09/2014

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	<p>(thyroid)...Hydrocodone (pain)...Clonazepam wafer (seizures)," At 6:22 A.M., DSP #1 then walked the medications to client #2's bedroom and administered the medications to client #2 while he was in bed. DSP #1 did not dispense any of the medications administered to client #2 from their original packaging at the time of administration while in the bedroom. At 6:25 A.M., DSP #1 began popping out medications out of containers in the medication area. At 6:28 A.M., a review of the MAR dated 8/1/14 to 8/31/14 indicated the medications administered to client #4 were: "Nexium (gastroesophageal reflux disease, GERD)...Levothyroxine (thyroid)." At 6:30 A.M., DSP #1 walked the medications to the kitchen and administered the medications to client #4. DSP #1 did not dispense any of the medications administered to client #4 from their original packaging at the time of administration while in the kitchen. At 6:35 A.M., DSP #1 began popping out a medication out of container in the medication area. At 6:36 A.M., a review of the MAR dated 8/1/14 to 8/31/14 indicated the medication administered to client #5 was: "Levothyroxine (thyroid)." At 6:38 A.M., DSP #1 walked the medications to the kitchen and administered the medications to client #5.</p>		<p>train all employees to administer medication per policy and orders. The facility nurse will check the client medication regime on a monthly basis. In the future, the facility supervisors will be conducting twice daily observations in the residence until September 30th, 2014 at which time it will be assessed if compliance has been achieved on a consistent basis. If in fact, compliance has been achieved, observations in residential will move to one time daily for a period of 30 days at which point it will be assessed if consistent compliance has been maintained and it will be determined if daily observations can be moved to 3 times per week on alternating shifts for a period of 30 days for residential. At the end of 30 days the frequency of observations will be assessed and determined to ensure that consistent and continuous compliance is being maintained. Person responsible: Program Director Completion Date: 9/9/14</p>	

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	<p>DSP #1 did not dispense any of the medications administered to client #4 from their original packaging at the time of administration while in the kitchen. At 6:40 A.M., DSP #1 began popping out a medication out of container in the medication area. At 6:42 A.M., a review of the MAR dated 8/1/14 to 8/31/14 indicated the medication administered to client #2 was: "Omeprazole (GERD)." At 6:43 A.M., DSP #1 walked the medications to the livingroom and administered the medications to client #2. DSP #1 did not dispense any of the medication administered to client #4 from their original packaging at the time of administration while in the living room. At 6:45 A.M., At 6:45 A.M., DSP #1 began popping out a medication out of container in the medication area. At 6:46 A.M., a review of the MAR dated 8/1/14 to 8/31/14 indicated the medication administered to client #1 was: "Omeprazole (GERD)." At 6:50 A.M., DSP #1 walked the medication to client #1 and administered the medications to client #1. DSP #1 did not dispense any of the medication administered to client #1 from their original packaging at the time of administration.</p> <p>An interview with the facility's Registered Nurse (RN) was conducted on 8/12/14 at 3:40 P.M.. The RN indicated</p>			

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W000368	<p>the medications should be administered directly from the original packaging while the client is present at the medication area when administering. The nurse indicated medications should never be prepared prior to administration.</p> <p>9-3-6(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Based on record review and interview, the facility failed to assure drugs administered to 1 of 4 sampled clients (client #3) were administered as ordered by the physician.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's administrative office on 8/12/14 at 1:30 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports indicated:</p> <p>-BDDS report dated 11/24/13 involving</p>	W000368	<p>W368: The facility will ensure staff are trained upon hire to utilize the medication administration system to administer medication without error. The staff are trained in core A and B to directly ensure each client received the medical services per medical needs. The facility staff will be retrained to follow doctor's orders and protocol of medication administration procedures to ensure clients get the medications as ordered. The Home Manager will monitor the staff and medication documentation to ensure medication is administered per doctor's order and that the client's basic needs are being met in full. The facility will continue to train all</p>	09/09/2014

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	<p>client #3 indicated: "Staff were passing 5 P.M. medication and noticed that [client #3] had not received his 800 mg (milligram) Acyclovir (herpes) or 100 mg Doxycycline (antibiotic) the prior day. His doctor was notified and said it was too late to administer the medication and to continue with regular dose. Staff were advised to double check the medications to the MAR (Medication Administration Record) at every medication pass to prevent this from happening again."</p> <p>-BDDS report dated 5/11/14 involving client #3 indicated: "When [Staff name] came in for her shift [Staff name] questioned the other staff working if the 5:00 P.M. medications had been passed. The staff working said that they had been passed. When the staff passed the 9:00 P.M. medication is (sic) was noticed that the 5:00 P.M. medications had not been passed. An investigation is pending."</p> <p>-BDDS report dated 7/17/14 involving client #3 indicated: "[Client #3] has been prescribed Metoprolol 25 mg at 8 A.M. and 9 P.M. for hypertension. [Client #3] missed his 9 P.M. dose on July 17, 2014 and his morning dose on July 18, 2014. The [Facility name] nurse is the person to find the error when checking the orders since [client #3] had been in the hospital from July 14, 2014 to the evening of July</p>		<p>employees to administer medication per policy and orders. The facility nurse will check the client medication regime on a monthly basis. The facility supervisors will be conducting twice daily observations at the home ensure the staff are administering medications according to policy. In the future, the facility supervisors will be conducting twice daily observations in the residence until September 30th, 2014 at which time it will be assessed if compliance has been achieved on a consistent basis. If in fact, compliance has been achieved, observations in residential will move to one time daily for a period of 30 days at which point it will be assessed if consistent compliance has been maintained and it will be determined if daily observations can be moved to 3 times per week on alternating shifts for a period of 30 days for residential. At the end of 30 days the frequency of observations will be assessed and determined to ensure that consistent and continuous compliance is being maintained. Person responsible: Program Director Completion Date: 9/9/14</p>	

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W000369	<p>17, 2014. [Facility name] nurse re-wrote the order to make it clearer for the staff."</p> <p>-BDDS report dated 7/27/14 involving client #3 indicated: "On July 27, 2014 it was noticed by the Home Manager that [client #3] has missed two days of Clindamycin 300 mg (antibiotic). Staff are retrained on proper medication administration."</p> <p>An interview with the Registered Nurse (RN) was conducted on 8/12/14 at 3:40 P.M.. The RN indicated staff are trained on medication administration upon employment. The RN further indicated medications should be administered as ordered.</p> <p>9-3-6(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients observed during the morning medication administration (client #3) to ensure staff administered 1 of 6 of the client's medications, as</p>	W000369	W369: The facility trains all staff upon hire to utilize the medication administration system to administer medication without error. The staff are trained in core A and B to directly ensure each client received the medical services per medical needs. The	09/09/2014

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	<p>ordered without error.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 8/12/14 from 5:45 A.M. until 7:55 A.M.. At 6:12 A.M., Direct Support Professional (DSP) #1 began administering client #3's prescribed oral medications. DSP #1 popped client #3's "Hydrocodone 5 mg (milligram)/325 mg tablet (pain) out of the packet. DSP #1 walked the medication to client #3's bedroom where he was asleep, woke him up, handed him his medication and prompted him to take his medications. Review of the medication label and the Medication Administration Record (MAR) dated 8/1/14 to 8/31/14 was conducted on 8/12/14 at 6:15 A.M. and indicated: "Hydrocodone 5 mg/325 mg tablet...1/2 to 1 tablet every 4 to 6 hours as needed for pain" DSP #1 did not ask client #3 if he was in pain or assess client #3 for the need of his pain medication.</p> <p>An interview with the facility's Registered Nurse (RN) was conducted on 8/12/14 at 3:40 P.M.. The RN indicated DSP #1 should have assessed client #3 for the need of his prescribed pain medication prior to administering as ordered by the physician.</p>		<p>nurse developed a pain rating scale for administration of prescribed pain medication based on the level of pain indicated by the client. The facility staff and day program will be retrained to use the pain rating scale to assess the client pain level prior to administering prescribed pain medications to client #3. The Home Manager will monitor the staff and medication documentation to ensure medication for pain is given after assessment is charted by staff. The facility will continue to train all employees to administer medication per policy and orders. The facility nurse will check the client medication regime on a monthly basis. In the future, when a pain medication is prescribed the person setting up the medication will implement the pain rating scale. The facility supervisors will be conducting twice daily observations at the home ensure the staff are administering medications according to policy. Twice daily residential observations will occur until September 30th, 2014 and then will be completed daily for an additional 30 days at both Residential at which point the need for observations will be re-evaluated and moved to 3 days per week. Person responsible: Program Director Completion Date: 9/9/14</p>		

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W000435	<p>9-3-6(a)</p> <p>483.470(g)(1) SPACE AND EQUIPMENT The facility must provide sufficient space and equipment in dining, living, health services, recreation, and program areas (including adequately equipped and sound treated areas for hearing and other evaluations if they are conducted in the facility) to enable staff to provide clients with needed services as required by this subpart and as identified in each client's individual program plan.</p> <p>Based on observation and interview for 4 of 4 sampled clients and 1 additional client (clients #1, #2, #3, #4 and #5), the facility failed to ensure the clients had sufficient space to ambulate and perform tasks in the kitchen and dining room areas.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 8/12/14 from 5:45 A.M. until 7:55 A.M.. At 7:20 A.M., clients #1, #2, #3 and #5 were prompted</p>	W000435	W435 The facility maintains the home to provide sufficient space and equipment in the dining, living, health services, recreation and program areas. The facility layout of space enables the staff to provide the clients with needed services as required in the client care plan. The staff have been trained to be aware of the congestion of the kitchen and dining room areas. Staff were trained to direct activities to minimize occupancy of the rooms to controlled number ensuring safety of the client. The direct support professionals will encourage clients to engage in	09/09/2014

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W000436	<p>to wash their hands in the kitchen sink so they could prepare to eat their breakfast. Client #4 was prompted to set cups on the dining table. Client #3 propelled his wheelchair towards the dining doorway, as client #4 propelled her wheelchair towards the kitchen cupboard and staff prompted and escorted client #2 towards the kitchen sink to wash her hands, Direct Support Professional #2 walked with client #5 towards the dining room entrance. Clients #3 and #4 wheeled into each other, and then backed up and wheeled into client #2, who then backed into client #1. DSP #1 stated "Wait a minute you'll run over [client #2's] foot. There's not enough room in here."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/12/14 at 2:50 P.M.. The QIDP indicated there should be enough room for clients to ambulate and perform tasks at all times.</p> <p>9-3-7(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other</p>		<p>cooking and meal prep at different times to avoid congestion. In the future, the facility supervisors will be conducting twice daily observations at the home ensure the staff are providing active treatment. In the future, the facility supervisors will be conducting twice daily observations in the residence until September 30th, 2014 at which time it will be assessed if compliance has been achieved on a consistent basis. If in fact, compliance has been achieved, observations in residential will move to one time daily for a period of 30 days at which point it will be assessed if consistent compliance has been maintained and it will be determined if daily observations can be moved to 3 times per week on alternating shifts for a period of 30 days for residential. At the end of 30 days the frequency of observations will be assessed and determined to ensure that consistent and continuous compliance is being maintained. Person Responsible: Program Director Completion Date: 9/9/14</p>	

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	<p>devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, for 1 of 4 sampled clients who wore prescribed hearing aids (client #4), the facility failed to provide and teach the use of her prescribed hearing aids.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 8/12/14 from 5:45 A.M. until 7:55 A.M.. During the entire observation period, client #4 did not wear her hearing aids and was not prompted to wear her hearing aids. During the observation staff would talk when communicating with client #4.</p> <p>A review of client #4's record was conducted on 8/18/14 at 3:28 P.M.. The ISP dated 3/25/14 indicated client #4 was prescribed hearing aids. The "Annual Healthcare Assessment" dated 4/30/14 indicated: "Audiologist: Scheduled 4/29/14, but that appointment was to check performance of existing hearing aid, which is broken. Appointment rescheduled for July." Review of the "Health Care Coordination/Monthly Health Review" dated April 2014 indicated: "Hearing aid is broken, Hearing eval scheduled...4/29/14 [Client #5] was scheduled at 4:30 P.M. to be</p>	W000436	<p>W436 The facility will furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces and other devices identified by the interdisciplinary team as needed by the client. The Home Manager will ensure that Client 4's hearing aid is ordered to replace the broken one. The direct support professionals will be trained to implement the goal for client to wear the eyeglasses. In the future, the staff and Home Manager will assist the client to take care of her hearing aid when received. The Home Manager will report and identify any needs for repair of medical or adaptive equipment on their weekly checklist. The Home Manager will call to repair or order all client medical equipment as needed in a timely manner. The Program Director will review the HM weekly checklist for needed repair for medical or adaptive equipment and ensure timely repairs have been made. In the future, the facility supervisors will be conducting twice daily observations in the residence until September 30th, 2014 at which time it will be assessed if compliance has been achieved on a consistent basis. If in fact, compliance has been achieved, observations in residential will</p>	09/09/2014

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	seen at [University] audiological due to missing hearing aid." Review of the "Health Care Coordination/Monthly Health Review" dated May 2014 indicated: "Hearing aid is broken, Hearing eval scheduled." Review of the "Health Care Coordination/Monthly Health Review" dated June 2014 indicated: "Hearing aid is broken, Hearing eval scheduled." Review of "[Facility name] Nursing Progress Note" dated 5/29/14 indicated: "Had conversation with [Program Director] regarding client's hearing aid. Client had hearing evaluation and was advised to utilize hearing aid as previously ordered. Staff did not inform audiology at appointment that aid is missing/broken. [Program Director] had aid which was found broken and in pieces back in January after being run over by van in driveway...." A letter from the audiologist dated 6/19/14 indicated: "Cost to replace the Oticon Ino ITE hearing aid for the right ear...Patient was fit with an Oticon Ino ITE hearing aid on 4/18/12. The hearing aid was lost and replaced at no cost in 2013, through the manufacturers one time, in the first year, loss and damage policy. The hearing aid is no longer under that policy...Since [Insurance name] paid for a hearing aid in 2012, she would not be eligible to apply for consideration of a new aid until		move to one time daily for a period of 30 days at which point it will be assessed if consistent compliance has been maintained and it will be determined if daily observations can be moved to 3 times per week on alternating shifts for a period of 30 days for residential. At the end of 30 days the frequency of observations will be assessed and determined to ensure that consistent and continuous compliance is being maintained. Person Responsible: Program Director Completion Date: 9/9/14				

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W000488	<p>2017."</p> <p>The Area Director (AD) and Registered Nurse (RN) were interviewed at the facility's administrative office on 8/18/14 at 2:38 P.M.. The AD and RN indicated client #4 was prescribed hearing aids and further indicated her hearing aids were broken/missing and needed to be replaced.</p> <p>9-3-7(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation, record review and interview, the facility failed to assure 4 of 4 sampled clients (clients #1, #2, #3 and #4) were involved in meal preparation.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 8/12/14 from 5:45 A.M. until 7:55 A.M.. From 5:45 A.M. until 7:30 A.M., client #2 repeatedly walked back and forth from the living room to the dining room area and then down the hallway to her bedroom with no</p>	W000488	<p>W488: The facility will ensure that each client eats in a manner consistent with his or her developmental level. Staff will be retrained in the area of redirecting at mealtime to teach meal preparation skills. In addition the training reviewed implementation of client cooking, dining goals and overall active treatment. The Home Manager will ensure that all staff are trained and will monitor mealtime activities. In the future, the facility supervisors will be conducting twice daily observations in the residence until September 30th, 2014 at</p>	09/09/2014			

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	<p>staff supervision or interaction. Client #1 sat on a chair located in the back room with no activity and no staff interaction. Client #4 sat at the kitchen table with no activity and no staff interaction. From 6:50 A.M. until 7:30 A.M., client #3 sat at the kitchen table with no activity. At 6:50 A.M., Direct Support Professional (DSP) #3 arrived for her scheduled shift, entered the kitchen and began pouring cereal and milk into a blender and poured the mixer into a serving bowl and put it in the oven. DSP #3 then began blending muffins, poured the mixture into a serving bowl and placed the bowl into the oven. At 7:30 A.M., clients #1, #2, #3 and #4 began eating their breakfast. Clients #1, #2, #3 and #4 did not assist in meal preparation.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 8/12/14 at 2:50 P.M.. The QIDP indicated clients were capable of assisting in meal preparation and further indicated they should be assisting in preparation at meal time.</p> <p>9-3-8(a)</p>		<p>which time it will be assessed if compliance has been achieved on a consistent basis. If in fact, compliance has been achieved, observations in residential will move to one time daily for a period of 30 days at which point it will be assessed if consistent compliance has been maintained and it will be determined if daily observations can be moved to 3 times per week on alternating shifts for a period of 30 days for residential. At the end of 30 days the frequency of observations will be assessed and determined to ensure that consistent and continuous compliance is being maintained. Person Responsible: Program Director Completion Date: 9/9/14</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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